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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED REPEALER

NOTICE OF PROPOSED REPEALER

Jacqueline Nottingham, Chief
Office of Rules and Procedures
Department of Children and Family Services
406 East Monroe St., Station #222
Springfield, Illinois 62701-1498

Phone (217) 524-1983 TDD/TTY (217) 524-3715

The Department will consider fully all written comments on this proposed repealer submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such. Persons who need translation or interpretation services to enable their commentary should request assistance by contacting the Office of Rules and Procedures.

12) Initial Regulatory Flexibility Analysis:

This proposed repealer will not have an impact on small businesses.

The full text of the Proposed Repealer begins on the next page:

1) Heading of Part:

Facility Amusement Funds

2) Code Citation:

89 Ill. Adm. Code 354

3) Section Numbers:

Proposed Action:

Repeal
354.1
354.2
354.3
354.4
354.5
354.6

4) Statutory Authority:

Section 5004 of the Children and Family Services Act (Ill. Rev. Stat. 1991, ch. 23, par. 5004) [20 ILCS 505/4]

5)

A Complete Description of the Subjects and Issues Involved: Part 354, Facility Amusement Funds, was enacted to establish controls over the management of gifts and donations to the amusement funds maintained by Department operated facilities. The Department no longer operates any group homes or institutions for the care of children. Therefore, this rule is being repealed.

6) Will this proposed repealer replace an emergency rule currently in effect? No.7) Does this rulemaking contain an automatic repeal date: Yes ☒ No ☐8) Does this proposed repealer contain incorporations by reference? No.9) Are there any other amendments pending on this Part? No.10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand the state mandate as defined in Section (b) of the State Mandates Act (Ill. Rev. Stat. 1991, ch. 85, par. 2203) [30 ILCS 805/3].11) Time, Place, and Manner in which interested persons may comment on this proposed repealer:

Comments on this proposed repealer may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED REPEALER

TITLE 89: SOCIAL SERVICES
 CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 SUBCHAPTER c: FISCAL ADMINISTRATION

PART 354
 FACILITY AMUSEMENT FUNDS (REPEAL)

- | | |
|---------|--|
| Section | Purpose |
| 354.1 | Definitions |
| 354.2 | Uses of Facility Amusement Funds |
| 354.3 | Sources of Deposits Made to Facility Amusement Funds |
| 354.4 | Notification by the Facility Before Making Deposits |
| 354.5 | Applications and Claims Against the Facility |
| 354.6 | |

AUTHORITY: Implementing and authorized by Section 4 of the Children and Family Services Act (Ill. Rev. Stat. ch. 23, par. 5004) [20 ILCS 505/4].

SOURCE: Adopted and codified at 5 Ill. Reg. 5481, effective May 27, 1981, repealed at 17 Ill. Reg. _____, effective _____.

Section 354.1 Purpose

This rule describes the sources of and the purposes for Department facility amusement funds.

(Source: Repealed at 17 Ill. Reg. _____, effective _____)

Section 354.2 Definitions

"Department facility" means a child care institution or group home operated by the Department of Children and Family Services.

"Department facility amusement fund" means a fund established by a Department facility administrator in accordance with state law and this rule.

(Source: Repealed at 17 Ill. Reg. _____, effective _____)

Section 354.3 Uses of Facility Amusement Funds

A Department facility amusement fund is established to provide enhanced amusement

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED REPEALER

opportunities to children served by the facility. These amusement opportunities include, but are not limited to: payment for recreational and entertainment programs and events; sporting and camping equipment; hobby supplies; games; and other equipment purchased for entertainment as part of a total child welfare program.

(Source: Repealed at 17 Ill. Reg. _____, effective _____)

Section 354.4 Sources of Deposits Made to Facility Amusement Funds

- a) Monies from the following sources shall be deposited in the facility amusement fund:
- 1) all money left over from facility activities and entertainment events when children served have contributed in excess of the total costs;
 - 2) any interest or other income that might accrue to monies deposited in appropriate financial institutions by the facility for such purposes;
 - 3) money in the possession of facility officials which belongs to deceased facility residents if, after notifying the deceased child's legal representative, the money is not claimed;
 - 4) money belonging to a child who was served by the facility which is unclaimed for two years after termination of services; and
 - 5) money which is acquired through the auction of deceased or discharged children's personal belongings which had been unclaimed for two years.
- b) Interest or income of a child's individual savings account or investments shall not be deposited in the amusement fund, but shall accrue to the account of the child served by the facility.

(Source: Repealed at 17 Ill. Reg. _____, effective _____)

Section 354.5 Notification by the Facility Before Making Deposits

In all cases the facility will make reasonable and timely written notification to the child or his legal representative when any money or personal belongings of the child or the child's estate are left unclaimed at the facility. Such notification will occur before depositing money belonging to a child or money made at auction of a child's personal belongings in the facility amusement fund.

(Source: Repealed at 17 Ill. Reg. _____, effective _____)

Section 354.6 Applications and Claims Against the Facility

A child's funds shall be held in an account for the child at interest for 2 years while efforts are being made to locate the child or a legal representative. After two years have expired, the

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED REPEALER

account balance, including interest, shall be transferred to the amusement fund. Any claim received after the account has been transferred to the amusement fund shall be paid from the amusement fund and shall be limited to the amount originally transferred to that account.

(Source: Repealed at 17 Ill. Reg. _____, effective _____)

ILLINOIS REGISTER

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED REPEALER

- 1) Heading of Part: Standards for Department Facilities
- 2) Code Citation: 89 Ill. Adm. Code 376
- 3) Section Numbers: Proposed Action:
 376.1 Repeal
 376.2 Repeal
 376.3 Repeal
- 4) Statutory Authority: Section 2217 of the Child Care Act of 1969 (Ill. Rev. Stat. 1991, ch. 23, par. 2217) [225 ILCS 10/7]
- 5) A Complete Description of the Subjects and Issues Involved: Part 376, Standards for Department Facilities, was enacted to require that the Department of Children and Family Services apply established licensing standards to Department operated facilities. The Department no longer operates any group homes or institutions for the care of children. Therefore, this rule is being repealed.
- 6) Will this proposed repealer replace an emergency rule currently in effect? No.
- 7) Does this rulemaking contain an automatic repeal date: Yes ☒ No ☐
- 8) Does this proposed repealer contain incorporations by reference? No.
- 9) Are there any other amendments pending on this Part? No.
- 10) Statement of Statewide Policy Objectives: This rulemaking does not create or expand the state mandate as defined in Section (b) of the State Mandates Act (Ill. Rev. Stat. 1991, ch. 85, par. 2203) [30 ILCS 805/3].
- 11) Time, Place, and Manner in which interested persons may comment on this proposed repealer:
 Comments on this proposed repealer may be submitted in writing for a period of 45 days following publication of this notice. Comments should be submitted to:

Jacqueline Nottingham, Chief

ILLINOIS REGISTER

DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED REPEALER

Office of Rules and Procedures
Department of Children and Family Services
406 East Monroe St., Station #222
Springfield, Illinois 62701-1498

Phone (217) 524-1983 TDD/TTY (217) 524-3715

The Department will consider fully all written comments on this proposed repealer submitted during the 45-day comment period. Comments submitted by small businesses should be identified as such. Persons who need translation or interpretation services to enable their commentary should request assistance by contacting the Office of Rules and Procedures.

12) Initial Regulatory Flexibility Analysis:

This proposed repealer will not have an impact on small businesses.

The full text of the Proposed Repealer begins on the next page:

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DEPARTMENT OF CHILDREN AND FAMILY SERVICES

NOTICE OF PROPOSED REPEALER

TITLE 89: SOCIAL SERVICES
CHAPTER III: DEPARTMENT OF CHILDREN AND FAMILY SERVICES
SUBCHAPTER d: LICENSING ADMINISTRATION

PART 376
STANDARDS FOR DEPARTMENT FACILITIES (REPEAL)

Section	Purpose
376.1	Definitions
376.2	Standards for Department Facilities
376.3	

AUTHORITY: Implementing and authorized by Section 7 of the Child Care Act of 1969 (Ill. Rev. Stat. 1991, ch. 23, par. 2217) [225 ILCS 10/7].

SOURCE: Adopted and codified at 5 Ill. Reg. 5499, effective May 27, 1981; repealed at 17 Ill. Reg. _____, effective _____.

Section 376.1 Purpose

This rule emphasizes that child care facilities operated by the Department are subject to the same licensing standards as child care facilities operated or managed by a person, group of persons, agency, association or organization.

(Source: Repealed at 17 Ill. Reg. _____, effective _____)

Section 376.2 Definitions

"Department facilities" means child care facilities operated by the Department of Children and Family Services including, but not limited to, child care institutions and day or night care centers.

(Source: Repealed at 17 Ill. Reg. _____, effective _____)

Section 376.3 Standards for Department Facilities

Any child care facility operated by the Department shall, in all applicable respects, meet and maintain standards published by the Department for licensing similar facilities which are operated or managed by a person, group of persons, agency, association or organization and which are subject to the Department's licensing jurisdiction.

(Source: Repealed at 17 Ill. Reg. _____, effective _____)

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

1) HEADING OF THE PART: Forestry Development Cost-Share Program

2) CODE CITATION: 17 Ill. Adm. Code 1536

3) SECTION NUMBERS: PROPOSED ACTION:

1536.10
1536.25
1536.30
1536.40
1536.50
1536.60
1536.65
1536.70
1536.80
1536.90

Amendments
Amendments
Amendments
Amendments
Amendments
New Section
Amendments
Amendments

4) STATUTORY AUTHORITY: Implementing and authorized by the Illinois Forestry Development Act (Ill. Rev. Stat. 1991, ch. 96 1/2, pars. 9101 et seq.) [525 ILCS 15/1 et seq.]

5) A COMPLETE DESCRIPTION OF THE SUBJECTS AND ISSUES INVOLVED: Changes to this Part include cost increases for some practices and adjustments to make FDA cost-shares compatible with the Federal Stewardship Incentives Program.

6) WILL THIS PROPOSED RULE REPLACE AN EMERGENCY RULE CURRENTLY IN EFFECT? No

7) DOES THIS RULEMAKING CONTAIN AN AUTOMATIC REPEAL DATE? No

8) DO THESE PROPOSED AMENDMENTS CONTAIN INCORPORATIONS BY REFERENCE? No

9) ARE THERE ANY OTHER PROPOSED AMENDMENTS PENDING ON THIS PART? No

10) STATEMENT OF STATEWIDE POLICY OBJECTIVES: This rule has no impact on local governments.

11) TIME, PLACE AND MANNER IN WHICH INTERESTED PERSONS MAY COMMENT ON THIS PROPOSED RULEMAKING: Comments on the proposed rule may be submitted in writing for a period of 30 days following publication of this notice to:

Jack Price
Department of Conservation
524 S. Second Street, Room 485
Springfield, IL 62701-1787

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

12) INITIAL REGULATORY FLEXIBILITY ANALYSIS: This rule does not affect small businesses

THE FULL TEXT OF THE PROPOSED AMENDMENTS BEGINS ON THE NEXT PAGE:

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF CONSERVATION
SUBCHAPTER d: FORESTRY

PART 1536

FORESTRY DEVELOPMENT COST-SHARE PROGRAM

Section	General
1536.10	Eligibility
1536.20	Preparation of Forest Management Plans
1536.25	Planting Trees
1536.30	Fencing to Protect Forests and Plantations
1536.40	Improving a Stand of Forest Trees
1536.50	Firebreaks to Protect Farm <u>Woodlands</u> Forests
1536.60	Reducing Wildlife Damage
1536.65	Site Preparation for Natural Regeneration
1536.70	Appeal
1536.80	Information
1536.90	Penalty
1536.100	

AUTHORITY: Implementing and authorized by the Illinois Forestry Development Act (Ill. Rev. Stat. 1991, ch. 96 1/2, pars. 9101 et seq.) [525 ILCS 15/1 et seq.]

SOURCE: Adopted and codified at 8 Ill. Reg. 13689, effective July 25, 1984; amended at 9 Ill. Reg. 14286, effective September 5, 1985; amended at 10 Ill. Reg. 6838, effective April 3, 1986; amended at 10 Ill. Reg. 18168, effective October 15, 1986; amended at 11 Ill. Reg. 18632, effective November 2, 1987; amended at 14 Ill. Reg. 18244, effective October 29, 1990; amended at 17 Ill. Reg. _____, effective _____.

Section 1536.10 General

The purpose of this program is to encourage the planting, tending and regeneration of forests.

a) Timber growers and/or landowners participating in this program may also be eligible for federal forestry cost-share programs administered by the United States Department of Agriculture (U.S.D.A.) Agricultural Stabilization and Conservation Service.

b) An application for the cost-shared practice must be completed by the timber grower and/or landowner and submitted to the Illinois Department of Conservation's District Forester, hereinafter referred to as the

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

District Forester. The requirements for installation of the practice will be described in the approved management plan. The cost-shared practice can not be started until the application is approved by the District Forester. ~~Participation in the Cost-Share Program will be based on a first-come, first-served basis subject to the availability of funds.~~

c) The payment for the approved cost-shared practice will be based on the landowner's documentation of cost to install the practice and will not exceed the established cost-share rates and not to exceed amounts per unit. A sample cost-share documentation format is shown in Exhibit A.

d) A practice cannot be repeated on the same land within a 10 year period and must be effective for a minimum of 10 years, except as allowed under Sections 1536.30 and 1536.70.

e) Property upon which cost-shared practices are installed must be protected from ~~destructive fire~~ wildfire and grazing by measures set forth in the approved forest management plan, hereinafter called the plan.

f) Chemicals used in performing ~~this~~ practices must be federally, state and locally registered and must be applied strictly in accordance with authorized registered uses, directions on the label, and other Federal and State policies and requirements.

g) ~~Timber growers who have conducted a timber sale within the preceding fiscal year of this cost-share agreement will have their cost-share increased by an amount not to exceed 50% of the harvest fee paid by the timber grower. Therefore, timber growers will receive the percentage of cost-share established for each practice throughout this part, plus 50% of the harvest fee paid for a combined total not to exceed 100% of the cost of the approved practice.~~ If a timber sale has occurred within 2 State of Illinois fiscal years prior to the approval of a cost shared practice, then timber growers will have their cost-share increased by an amount not to exceed 50% of their harvest fee. The combined payment for the practice and the harvest fee rebate shall not exceed 100% of the timber grower's practice cost. Timber growers who sold timber based upon provisions of the plan shall have priority for harvest fee rebates.

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

- h) When Federal or other cost-share program practices are utilized concurrently with the Illinois Forestry Development Act (IFDA) (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 9101 et seq.) [525 ILCS 15/11], the cost-share rate shall equal the rate of the other concurrent cost-share program in effect in the county where the practice is installed. The IFDA cost-share rate and the "not to exceed per practice unit amount" (see Section 1536.30(d)), shall be adjusted proportionately from the standard 40% rate now in effect. Also see Section 1536.30(b).

(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1536.25 Preparation of Forest Management Plans

This practice provides the landowners with another opportunity to obtain professional conservation assistance in plan preparation.

- a) This cost-share practice is valid only when a landowner seeks to pay another party for preparation of a plan.
- b) A cost-share application for this practice must be submitted and approved by the District Forester prior to initiation of a plan-for-development. However, for all other cost-share practices, an approved plan must be in effect prior to submission of a cost-share application.
- c) The forest management plan being prepared must meet the conditions, requirements, standards and specifications as contained in Sections 9101 et seq. of the IFDA and 17 Ill. Adm. Code 1537 and this Part. Additional information to clarify the requirements mentioned above is listed in two publications published by the Illinois Technical Forestry Association: "Recommended Silvicultural and Management Practices for Illinois Hardwood Forest Types" (1972), Extension Forester, Illinois Cooperative Extension Service, University of Illinois, 110 Mumford Hall, Urbana, IL 61801 (no later editions or amendments are included), and "Forest Planting Practices for Illinois" (1974), Illinois Technical Forestry Association, Inc., c/o Department of Forestry, 211 Mumford Hall, Urbana, IL 61801 (no later editions or amendments are included).
- d) Components eligible for cost-sharing can include: reconnaissance, travel costs, secretarial, mailing and

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

telephone costs, forest inventory, data analysis and competing plan writing.

- e) Reconnaissance notes, field data, inventory per acre, and per stand results, and analysis of forest inventory must be submitted with the plan, to the District Forester.
- f) All of the land in a county owned by the same individual(s), partnership(s) or corporation(s) shall be included in a single plan. Amendments of plans to increase acreage during the 10 year lifespan of a plan shall be cost-shared as described below.
- g) Cost-share rate for plans of silviculture and management on existing forest stands shall be 40% of the owner's cost not to exceed: \$5.00 per acre for 5 to 50 acres; plus \$3.00 per acre for each additional acre more than 50 acres, but less than 100 from 51 acres through 100 acres; and \$2.00 per acre for each additional acre equal to or greater than 101 acres.
- h) Cost-share rate for reforestation and afforestation plans as defined in 17 Ill. Adm. Code 1537 shall be 40% of the landowners cost not to exceed \$3.00 per acre.
- i) Fractional acres for all plans shall be rounded to the nearest acre for cost-share payment as follows: .01 to .49 acres will be rounded down and .50 to .99 shall be rounded up.
- (Source: Amended at 17 Ill. Reg. _____, effective _____)
- Section 1536.30 Planting Trees
- The purpose of this practice is to establish a stand of forest trees for timber production purposes and compatible multiple uses to preserve and improve the environment and to provide general environmental benefits.
- a) The District Forester shall determine the suitability of the land for site preparation and tree planting, considering soil erodibility and the economic feasibility of soil stability practices such as timing of the practice and ground cover requirements.
- b) Cost-share rates for practices under Section 1536.30 will

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

be 50% of the actual cost not to exceed the adjusted maximum fixed rate per acre for those lands which are accepted under the U.S. Department of Agriculture, Conservation Reserve Program. The maximum fixed rate is determined by taking 80% of the average cost per acre within the State for eligible practices under this Part. The adjusted maximum fixed rate is determined by taking 50% of the average cost. All other lands not enrolled in the Conservation Reserve Program or other cost-share programs will be eligible for the 80% cost-share rate as established under this Section and Section 1536.10(h).

c) Cost-sharing is not authorized for:

- 1) planting trees on less than 1 acre or planting less than 2435 trees per acre.
- 2) planting or culture of fruit or nut orchards, Christmas trees or planting for ornamental or landscaping purposes.
- 3) ~~measures to protect seedlings from wildlife destruction~~

4) irrigation of planted trees.

d) Cost-Share Rates/Specification:

- 1) Site Preparation - 80% of the actual cost not to exceed a variable amount ranging from \$25 to \$150 per acre, as determined by the plan preparer and approved by the District Forester. The plan preparer conducts a careful field inspection of current vegetation cover on the site to be prepared, and then uses categories and amounts in subsection (b) to make a determination about the cost-share rate per acre.

A) Cost-share categories and corresponding variable cost-share amounts shall be prorated per acre, per category, and shall be approved by the District Forester.

B) Cost-share categories and variable cost-share payments follow:

Category	Variable Cost-Share Amounts Not to Exceed,
----------	---

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

	Per Acre
i) Vegetation or heavy residues which will cause some difficulty in normal planting.	\$25.00
ii) Sixty percent (60%) or more of area in sod and broad leaved herbaceous plants. Or up to forty percent (40%) of area in light woody cover, stems two inches (2") or less diameter at ground line.	\$50.00
iii) More than forty percent (40%) of area occupied by woody vegetation, briars, vines, or woody stems two inches (2") diameter or less at ground line, but can include up to twenty-five (25) stems per acre greater than two inches (2") at ground line.	\$75.00
iv) More than forty percent (40%) of area occupied by woody vegetation greater than two inches (2") diameter at ground line; or more than twenty-five (25) stems per acre greater than two inches (2") diameter at ground line.	\$150.00
C) This is limited to areas having undesirable vegetative growth (such as grass sod, perennial and annual broadleaved plants and trees or brush of no economic value) which will be replanted to desirable tree species.	
D) Measures necessary to minimize erosion must be undertaken and plantings must be according to prescribed standards set forth in the approved forest management plan. Measures may include, but are not limited to, hand planting, machine planting on contour, establishment of temporary herbaceous cover, the use of herbicides for minimum disturbance of	

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

established cover and similar accepted practices as set forth in the forest management plan.

E) Removal may be undertaken mechanically with machinery including all normal farm tillage implements, chopping or sawing.

2) Tree Planting (Trees and Labor) - \$0.75% of the actual cost not to exceed \$70 for no-cost planting stock or \$170.210 for purchased planting stock, on a per acre basis.

A) Selected tree species and seed sources to be planted must be in accordance with the forest management plan approved by the District Forester.

B) Plantings must be made in accordance with the forest management plan as approved by the District Forester. Trees must be firmly planted at the proper depth. Tree planting machines, augers or hand tools may be used.

C) At least 90% of the conifer stock must be not less than 3/32 inch in caliper at 1 inch above the root collar (nursery soil line). At least 90% of the hardwood stock shall be 7/32 inch caliper at 1 inch above the root collar (nursery soil line). The top (crown/stem) and bottom (roots) being in balance, with a root/shoot ratio of 1:1 or 1:1.5. In addition to the standards above, hardwood stock purchased from private nurseries shall be ordered from the 12-18 inch category as described in the nursery's catalog or other written description.

D) Spacing requirements are as follows:

i) Plantings on open land are to be made 6 to 12 feet apart in rows 6 to 12 feet apart. No less than 302435 or more than 1000 trees are to be planted per acre.

ii) Interplantings within wooded areas are to be spaced 6 feet apart or more in openings which receive partial or full

DEPARTMENT OF CONSERVATION

NOTICE OF PROPOSED AMENDMENTS

direct sunlight.

iii) Variations in these spacing standards may be made in accordance with written recommendations approved by the District Forester.

E) Stocking and replanting requirements:

i) At least 300 of the planted trees, per acre, must be maintained throughout the practice lifespan.

ii) Cost-share assistance for replanting will be available where losses are due to ~~unusually dry period~~ natural causes, such as, heat, drought, flood, hail, and similar occurrences, if 70% of a stand is not obtained, or if a stand deteriorates to less than 70% within the first two growing seasons from planting.

3) Direct Seeding Component

The purpose of this practice is to extend limited supplies of plant materials and thereby to increase forestation.

A) Direct seeding may be used in lieu of seedling planting, when approved by the District Forester as part of a forest management plan of as amended.

B) As references for standards use: "Direct seeding of Southern Oaks - A PROGRESS REPORT, by Robert L. Johnson and Roger M. Krinard, Southern Hardwoods Laboratory, Stoneville, MS, Forest Service, USDA, (1988) (no later editions or amendments are included); and the guidelines offered in Silvics of Forest Trees of the United States (1974), Agriculture Handbook 271, Forest Service, USDA, Washington, DC 20250 (no later editions or amendments are included).

C) This cost-share practice may be attempted a second time if through no direct fault of the landowner (i.e., drought, tornado, etc.) less

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than 150 seedlings of acceptable growing stock per acre survive after one full growing season.

- D) If, after 2 full growing seasons there are less than 150 seedlings of acceptable growing stock per acre, no further attempts to direct seed shall be made. However, tree planting may be done per rules outlined in subsection (2).

E) Cost-share Rate and Specifications

- i) This practice shall pay 80%75% of the owner's cost not to exceed \$40\$60 per acre for seed collected or purchased plus labor and any machinery use.
- ii) Seed sowed shall be local source, within 25 miles of the seeding site. Or, if local seed is not available, seed shall be collected from a zone within 100 miles north of the site or within 200 miles south of the site.
- iii) Measures to protect seed from predator pilferage shall be required when predator pilferage is identified as a problem, but cannot be cost-shared.

- iv) Site preparation measures are encouraged but may not be feasible on sites which must be hand-seeded best done before direct seeding. Additional treatments to introduce adequate sunlight and to reduce competition may be needed.

- v) Direct seeding may require up to 10 months of practical completion status before satisfactory cost-share payment can be approved by the District Forester.

- vi) Direct seeding shall not be cost-shared when attempted under a closed forest crown canopy. At least 40% of available sunlight must reach the forest floor during the growing season.

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- v) Overstory removal may be required following establishment of seedlings - saplings.

- 4) Control of Undesirable Vegetation With Herbicides or ~~mulching~~ Mulching - 80%75% of the actual cost not to exceed \$25.00 per acre with herbicides; \$50 per acre with mulch.

- A) The practice is limited to plantings that conform to specifications cited in Section 1536.30.

- B) Application of herbicides may be in either the liquid or granular form and may be pre-emergents or post-emergents or combinations of these types as approved by the District Forester. Application may be made as pre-plant, post-plant or at time of planting.

- C) Organic mulches may be used in combination with herbicides or in lieu of herbicides and must be used if required in the approved management plan, to qualify for site preparation and planting payments. Minimum per seedling mulched area is 12 square feet with an initial depth of 4 inches. Mulched areas must be pretreated by removing existing vegetation to mineral soil prior to applying the mulch.

- D) Herbicide or mulching applications must be made, if required in plan, to qualify for site preparation and planting payment.

- E) Treatments for control of undesirable vegetation will be cost-shared for a second and third year as prescribed in a forest management ~~the~~ plan and approved by the District Forester.

(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1536.40 Fencing to Protect Forests and Plantations

- a) The practice is limited to building permanent fences needed to protect forest stands, ~~approved by the District~~

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Forester.

- b) ~~The one rod restriction applies to the woven wire and barbed wire fences only. The distance between posts or live trees must not exceed 1 rod (16.5 feet). Limited use of live trees is permitted, provided 2" x 4" nailing strips of durable wood are used between the wire and the tree.~~

- c) ~~No assistance will be given for maintaining or replacing an existing structure for boundary fences or and road fences adjacent to roads.~~

- d) ~~Cost-Share Rates/Specification - The cost-share rates will vary according to the cost-share amounts vary by type of fence constructed, however, the rate will be 80% of actual cost not to exceed the rate listed below these limits:~~

- 1) ~~A woven wire fence must consist of at least a 26 inch woven wire with at least two strands of barbed wire on top - \$10.00 \$11.00 per rod.~~

- 2) ~~A barbed wire fence must be equal to at least a three-strand barbed wire structure three strands - \$10.00 per rod.~~

- 3) ~~If other fence materials are used, all weather wood or native lumber highly resistant to decay may be substituted for barbed wire if required for certain domestic animals - \$9.00 \$10.00 per rod.~~

- 4) ~~A suspension fence will consist of at least four strands of barbed wire with the distance between posts not to exceed 100 feet and sufficient wire spacers to prevent sagging - \$3.50 \$4.50 per rod.~~

- 5) ~~A high-tensile fence will consist of at least 6 strands of wire with the distance between posts not to exceed 100 feet with sufficient droppers to maintain proper wire spacing - \$6.50 \$7.50 per rod~~

(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1536.50 Improving a Stand of Forest Trees

Profitable production and environmental enhancement will result

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from the application of proper methods of thinning or releasing of desirable crop trees; removal of residual trees in regeneration harvests; and by cutting of designated vines attached to desirable crop trees. Some vines not on crop trees shall be retained for wildlife benefit.

- a) ~~timber stand improvement (TSI) cost~~ Cost sharing will not be approved for areas less than one acre.

- b) Improvement measures shall be carried out in such a manner as to improve or protect the quality of the environment, especially wildlife habitat, as described in the forest management plan.

- c) Cost-Share Rates/Specifications

- 1) Improving a Stand of Forest Trees - 80% of actual cost not to exceed \$44.00 \$41.00 per acre.

- A) The District Forester must give prior approval of the area on which the practice is to be carried out practice area and of the methods to be followed used based upon the density and condition of the trees, and economic feasibility of the practice.

- B) Work shall be done by cutting, girdling, and herbicide treatment of the surplus, diseased, cull or weed trees and by cutting designated vines attached to desirable crop trees. Thinning should release desirable tree species so as to leave per acre an adequately stocked stand composed predominately of high ranked timber species, well distributed, as described in the forest management plan. Stocking guides and species rank shall be determined by use of the appropriate table in "Recommended Silviculture and Management Practices for Illinois Hardwood Forest Types", Illinois Technical Forestry Association (1972), Extension Forester, Illinois Cooperative Extension Service, University of Illinois, 110 Mumford Hall, Urbana, IL 61801 (no later editions or amendments are included).

- C) Herbicide treatment of stumps, may be omitted when crop trees released are more than 20 feet tall, may be omitted. Herbicide treatment may

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also be omitted, if a double girdle is utilized. Double girdling shall be done only when stump sprouting will not be a serious problem. This method is described in Central Hardwood Notes, 6.10, August 1989 Northeastern Area, State and Private Forestry. USDA Forest Service. Both exceptions above must be approved in writing by the District Forester. All other TSI treatment methods require use of approved herbicides.

D) Harvesting practices and silvicultural systems as prescribed in the ~~forest management plan approved by the District Forester~~ must be followed.

E) Cost-Share assistance will not be given for any areaacre from which commercial products are sold or traded in the process of carrying out the timber stand improvement practices.

2) Pruning Crop Trees - 80%75% of actual cost not to exceed \$44.00\$58.00 per acre.

A) The District Forester must give prior approval ~~to the area on which the practice is to be carried out and the crop of the practice area.~~ Crop trees must be marked or otherwise designated ~~on which the work is to be performed and the methods to be used~~ must be described in writing.

B) In coniferous stands, the trees must have a minimum total height of 18 feet. All dead branches and all live branches up to one-half the total height of the trees must be pruned. Pruning to a total height of 17 feet is required where the trees are tall enough to meet this requirement. Not more than 100 final coniferous crop trees per acre, well distributed throughout the stand will be considered in determining the cost-share payment.

C) In deciduous stands, pruning to total height of 17 feet is required where trees are tall enough to meet the requirement. Pruned trees shall retain 40% to 50% of total height as

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live crown. Deciduous stands must have attained a minimum height of 12 feet to effect a minimum pruning height of 6 feet. Not more than 100 well distributed desirable crop trees per acre shall be selected and fine hardwood (white and red oak, black walnut, etc.) species will be given prime consideration. In order to reduce the risk of decay, ~~care must be taken that no-prune no limbs over 3 inches in diameter are cut.~~

D) All pruning must be as close to the stem as possible without disturbing the branch bark ridge and branch collar.

E) Corrective pruning to influence tree form may be required in the plan; but such pruning shall not be cost-shared.

(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1536.60 Firebreaks to Protect Farm-WeedlandsForests

The purpose of this practice is to provide a practical and low cost way of affording protection to forests from damage by wildfire.

a) The lower branches of trees adjacent to firebreaks must be pruned to increase the effectiveness of the practice.

b) Cost-Share Rates/Specifications

1) Firebreak construction - 80%75% of actual cost not to exceed \$1.05\$1.50 per rod.

2) Firebreaks for the area shall be cleared to a minimum of 1 rod (16.5-feet)-in width. (If erosion is a problem, place firebreaks on the contour, or construct the appropriate number of water bars.)

3) Firebreaks must be disced at least twice annually to keep vegetation from accumulating or as indicated in the ~~approved forest management plan.~~

(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1536.65 Reducing Wildlife Damage

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Wildlife damage control is necessary at times to protect the investment in tree planting, direct seeding, or natural regeneration.

a) This practice is limited to situations where the need for damage control is evident or highly probable based on wildlife population. Consultation with IDOC District Wildlife Biologists is advised.

b) In addition to cost-share practices, other strategies to control wildlife damage must be included in the Management Plan and must be implemented with this cost-share practice.

c) Strategies can include: Legal hunting, providing alternate habitats, planting of species not favored by a given wildlife species, eliminating mowing; or planting a companion species.

1) Tree shelters - 75% of the actual cost not to exceed \$100 per acre. The maximum number of tree shelters per acre is 25, 4 foot tall shelters, or a proportional number for other sizes. The recommendation in the Plan as approved by the District Forester shall be followed. Requirements include:

A) Tree shelters shall be evenly distributed throughout each acre.

B) Shelters shall be maintained as installed for the life of the shelter. Shelters may be moved to other seedlings only if the original tree is dead.

C) Durable rot resistant stakes must be used.

D) Nylon mesh caps or other approved barriers may be needed to prevent death of birds.

E) For protection from deer, 4 foot shelters meet minimum requirements.

2) Electric Fencing - 75% of the actual cost not to exceed \$0.25 per foot. The purpose is to repel deer from forestation or natural regeneration sites, as follows:

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A) VGR type fence wire, stainless steel enclosed in plastic is the preferred type. Other wire may be used, but must be marked with bright color at minimum intervals of 25 feet.

B) For maximum benefit the fence must be charged throughout the year so as to affect deer behavior.

C) The service life of the fence shall be determined in the plan or by separate written prescription.

3) Repellants - 75% of the actual cost not to exceed \$5.00 per acre to protect forestation or natural regeneration sites.

A) Either scent or taste repellents may be used. the Plan shall prescribe specific types.

B) Label directions on approved products must be followed. Renewal applications must be made in a timely manner, per the label.

C) The primary treatment shall be done by treatment of the central leader of the seedling.

(Source: Added at 17 Ill. Reg. _____, effective _____)

Section 1536.70 Site Preparation for Natural Regeneration

The purpose of this practice is to establish a stand of high value forest species through natural regeneration for timber production purposes and to protect and improve the environment. Seventy-five percent of the regeneration goal must be oak species-on upland forest stands. For guidelines on species preference, refer to the ITFA Guide, cited previously, in Section 1536.25(c).

a) Cost-sharing is not authorized for areas of less than one acre.

b) Cost-sharing is authorized for one additional regeneration treatment, by use of seed or seedlings on the area originally site prepared, if by uncontrollable circumstances, such as weather related problems, etc., natural regeneration fails to become established to the

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required stocking level.

c) Cost-Share Rates/Specification

1) Site preparation for natural regeneration - ~~\$40~~^{\$75} per acre determined by the District Forester using the cost-share categories as described in Section 1536.30(1)(B)(i) through (iv), as guidelines to determine an appropriate maximum cost-share amount.

2) The goal is to obtain ~~conditions~~^{stocking} level whereby a minimum of 20% to 40% of the available light reaches the forest floor, and other site factors are modified to enhance regeneration, by means of: reduction or elimination of competing vegetation, including unmerchantable or undesirable trees and brush, disking or tillage, use of foliar, cut surface, injected herbicides, mechanical removal of shallow rooted species, prescribed burn, and other measures as prescribed in the forest management plan.

3) A complete written prescription, in the plan or submitted as an addendum ~~to the forest management plan~~, must be approved by the District Forester prior to initiation of this practice. The prescription shall address the process outlined in "Regenerating Red Oaks" by Rod Jacobs, Silviculturalist, U.S. Forest Service, State and Private Forestry, St. Paul, Minnesota (1987) (no later editions or amendments are included). The prescription shall also address the "Elements of a Silvicultural Prescription" and the appropriate "Silvicultural Systems and Regeneration Methods" described in the "FORESTRY HANDBOOK" 2nd Edition, Edited by Karl F. Wenger, for the Society of American Foresters, 5400 Grosvenor Lane, Washington, DC 20014 (1984) (no later editions or amendments are included).

4) Creation of suitable soil conditions for establishment of seedlings of desired species is particularly crucial for oak species. A reasonable expectation of seed deposition on the area to be regenerated must be imminent and abundant before site preparation is performed.

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(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1536.80 Appeal

a) Any timber grower ~~and/or landowner~~ whose plan or practice is not approved by the District Forester may appeal to the Regional Review Committee pursuant to 17 Ill. Adm. Code 2530. The Regional Review Committee is composed of the Regional Administrator, a District Forester from another district in the Region and the ~~forest management program manager~~^{Forest Management Program Manager}.

b) The appeal must be made within 30 days from the date that the plan or practice was ~~not approved for~~^{approved} ~~for~~ ~~est-~~ ~~ablishing~~^{disapproved} by writing to the address in 1536.90.

c) The Regional Review Committee will conduct a meeting to receive written and oral arguments of the applicant and to reconsider the forest management plan and cost-share practices.

d) The Regional Review Committee will notify the applicant in writing within 30 days of the meeting date stating the reasons for which the original decision is upheld or reversed.

(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1536.90 Information

Anyone wishing additional information concerning this part, may contact the ~~Department of Conservation at the following address~~^{Administrator, Forest Management Programs}.

Department of Conservation
Division of Forest Resources
524 S. Second Street P.O. Box 19225
Springfield, Illinois 62701-1787 62794-9225

(Source: Amended at 17 Ill. Reg. _____, effective _____)

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- 1) Heading of the Part: Illinois Dental Practice Act

- 2) Code Citation: 68 Ill. Adm. Code 1220

- 3) Section Numbers: Proposed Action:

1220.100	New Section
1220.110	Amendment
1220.120	Amendment
1220.220	Amendment
1220.240	Amendment

- 4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 111, par. 2309 [225 ILCS 25/9], as amended by P.A. 87-975, Section 1, effective January 1, 1993; and P.A. 87-1237, Section 15, effective December 22, 1992.

- 5) A Complete Description of the Subjects and Issues Involved:

This rulemaking designates the examinations of three regional dental testing services as acceptable for licensure in Illinois. These exams are offered by the North East Regional Board (NERB), the Central Regional Dental Testing Service (CRDTS) and the Southern Regional Testing Agency Inc. (SRTA). Successful completion means the applicant has achieved a minimum passing score on the regional examinations as determined by each approved regional testing service. The applicant will be required to have the examination scores submitted to the Department directly from the reporting entity.

As provided for in Public Act 87-975, effective January 1, 1993, this rulemaking also establishes license application procedures for applicants who are graduates from dental colleges or schools in the United States or Canada, as well as for graduates from dental colleges or schools outside the United States and Canada. The required two years of undergraduate clinical training at a dental college or school in the United States or Canada is defined as 2850 clock hours completed in 2 academic years for full-time applicants or 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants.

The scope of duties for dental hygienists is expanded to include the monitoring of nitrous oxide.

Typographical and form changes also are made.

- 6) Will these proposed amendments replace emergency amendments currently in effect? Yes

- 7) Does this rulemaking contain an automatic repeal date? No

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- 8) Do these proposed amendments contain incorporations by reference? No.

- 9) Are there any other proposed Amendments pending on this Part? Yes

Section Numbers	Proposed Action	Illinois Register Citation
1220 Appendix B	Amendment	17 Ill. Reg. 1708
1220 Appendix C	Amendment	17 Ill. Reg. 1708

- 10) Statement of Statewide Policy Objectives (if applicable):

This rulemaking has no impact on local governments.

- 11) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested Persons may submit written comments and views to:

Department of Professional Regulation
Attention: Jean A. Courtney
320 West Washington, 3rd Floor
Springfield, IL 62786
217/785-0800

All comments received within 30 days of this issue of the Illinois Register will be considered. The comments of interested persons who submit a request to comment within 14 days of this issue will be considered if received within 30 days of such request.

- 12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 21, 1993.

- B) Types of small businesses affected: Dental Offices.

- C) Reporting, bookkeeping or other procedures required for compliance:

Applicants for licensure will be required to have their examination scores submitted to the Department directly from the regional testing service that administered the exam.

The scope of duties for dental hygienists is expanded to include the monitoring of nitrous oxide.

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D) Types of professional skills necessary for compliance:

Dental or dental hygienist education and experience are required for licensure.

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PROFESSIONAL REGULATION
NOTICE OF PROPOSED AMENDMENTSTITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONSPART 1220
ILLINOIS DENTAL PRACTICE ACT

SUBPART A: DENTIST

Section
1220.100
1220.110
1220.120
1220.130
1220.140
1220.150
1220.160
1220.170

Application for Licensure
Application for Examination
Clinical Examinations
System of Retaking the Clinical Sections of the Examination
Minimum Standards for an Approved Curriculum in Dentistry
Licensure (Repealed)
Restoration
Renewal

SUBPART B: DENTAL HYGIENIST

Section
1220.210
1220.220
1220.230
1220.231
1220.240
1220.250
1220.260
1220.270

Applications
Clinical Examination
System of Grading
System of Retaking the Clinical Examination
Permitted Duties of Dental Auxiliaries
Approved Programs of Dental Hygiene
Restoration
Renewal

SUBPART C: DENTAL SPECIALIST

Section
1220.310
1220.320
1220.330
1220.335
1220.340
1220.350
1220.360

Applications
Examination
System of Grading
American Board Diplomates
Specialty Listing (Repealed)
Restoration
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SUBPART D: GENERAL

Section
1220.400
1220.410
1220.421

Reportable Diseases and Conditions
Endorsement
Advertising

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1220.425 Referral Services
 1220.431 Employment by Corporation (Repealed)
 1220.435 Renewals (Repealed)
 1220.440 Continuing Education
 1220.441 Granting Variances

SUBPART E: ANESTHESIA PERMITS

Section
 1220.500 Definitions
 1220.510 Light Parenteral Conscious Sedation
 1220.520 General Anesthesia and Deep Parenteral Conscious Sedation
 1220.525 Renewal
 1220.530 Anesthesia Review Panel
 1220.540 Approved Programs in Anesthesiology
 1220.550 Reporting of Adverse Occurrences
 1220.560 Restoration of Permits

1220.Appendix A Pre-clinical Restorative Dentistry Sub-section (Repealed)
 1220.Appendix B Dental Assistant Permitted Procedures
 1220.Appendix C Dental Hygienist Permitted Procedures

AUTHORITY: Implementing the Illinois Dental Practice Act (Ill. Rev. Stat. 1991, ch. 111, par. 2301 et seq.) [225 ILCS 25/1 et seq.] and authorized by Section 60(7) of The Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 60(7)) [20 ILCS 2105/60(7)].

SOURCE: Rules and Regulations for the Administration and Enforcement of the Provisions of the Illinois Dental Practice Act, effective August 16, 1967; amended at 3 Ill. Reg. 16, p. 21, effective April 21, 1979; amended at 3 Ill. Reg. 42, p. 266, effective October 3, 1979; codified at 5 Ill. Reg. 11028; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 4174, effective May 24, 1982; amended at 6 Ill. Reg. 7448, effective June 15, 1982; emergency amendment at 7 Ill. Reg. 8952, effective July 15, 1983, for a maximum of 150 days; amended at 8 Ill. Reg. 15610, effective August 15, 1984; amended at 10 Ill. Reg. 20725, effective December 1, 1986; transferred from Chapter I, 68 Ill. Adm. Code 220 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1220 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2926; amended at 13 Ill. Reg. 4191, effective March 16, 1989; amended at 13 Ill. Reg. 15043, effective September 11, 1989; amended at 17 Ill. Reg. 1559, effective January 25, 1993; emergency amendment at 17 Ill. Reg. _____, effective _____, for a maximum of 150 days; amended at 17 Ill. Reg. _____, effective _____.

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SUBPART A: DENTIST

Section 1220.100 Application for Licensure

An applicant for a license to practice dentistry in Illinois shall file an application on forms supplied by the Department of Professional Regulation (the Department) which shall include:

- a) A complete work history indicating all employment since graduation from dental school.
- b) For graduates from a dental college or school in the United States or Canada, certification of successful completion of 60 semester hours or its equivalent of college pre-dental education, and graduation from a course of instruction in a dental program that meets the minimum education standards of the Department specified in Section 1220.140.
- c) For graduates from a dental college or school outside of the United States or Canada:

- 1) Certification of graduation from a dental college or school;
- 2) Certification that the applicant was authorized to practice in the jurisdiction in which the applicant attended dental school; and
- 3) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college. The 2 years of clinical training shall consist of:

- A) 2850 clock hours completed in 2 academic years for full-time applicants;
- B) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants.

d) The required fee set forth in Section 21(a)(2) of the Illinois Dental Practice Act (Ill. Rev. Stat. 1991, ch. 111, par. 2301 et seq.) [225 ILCS 25/1 et seq.];

e) Proof of successful completion of the Theoretical examination given by the Joint Commission on National Dental Examinations. In order to be successful, a grade of at least 75 in all subjects is required. The National Board Certificate must be mailed to the Department by the Joint Commission.

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- f) Proof of successful completion of an examination set forth in Section 1220.120.

(Source: Added at 17 Ill. Reg. _____, effective _____)

Section 1220.110 Application for Examination

An applicant for a license to practice dentistry in Illinois, who has graduated from a dental school or college outside the United States or Canada and who has not completed an examination set forth in Section 1220.120(b), shall file an application on forms supplied by the Department of Professional Regulation (the "Department") at least 60 days prior to an examination date. The application shall include:

- a) A complete work history indicating all employment since graduation from dental school.
- b) ~~Certification of successful completion of 60 semester hours or its equivalent of college pre-dental education, and graduation from a course of instruction in a dental school which meets the minimum education standards of the Department specified in Section 1220.140.~~
- c) ~~An applicant from a program which is determined by the Department upon recommendation of the Board of Dentistry (the "Board") not to have met the minimum education standards of Section 1220.140 will be notified, in writing, by the Department and must satisfy the deficiency before being permitted to take the examination. Deficiencies may be removed by taking the required instruction in an approved program in Dentistry. Certification from the dean of an approved program attesting to his/her satisfactory completion of the instruction required to satisfy the deficiency must be submitted to the Department.~~
- b) Certification of graduation from a dental college or school;
- c) Certification that the applicant was authorized to practice in the jurisdiction in which the applicant attended dental school; and
- d) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school so that the applicant meets the same level of scientific knowledge and clinical competence as all graduates from that school or college. Two years of clinical training shall be:
 - 1) 2850 clock hours completed in 2 academic years for full-time;
 - 2) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time.

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- de) The required fee set forth in Section 21(a)(2) of the ~~Illinois Dental Practice Act (Ill. Rev. Stat. 1987, ch. 111, par. 2301 et seq.) (the "Act");~~ and
- fe) Proof of successful completion of the Theoretical examination given by the Joint Commission on National Dental Examinations. In order to be successful, a grade of at least 75% in all subjects is required. The National Board Certificate must be mailed to the Department by the Joint Commission.

(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1220.120 Clinical Examinations

- a) The examination conducted by the Department for dental licensure shall be held at least twice each year and shall be divided into two sections as set forth below. Applicants shall have passed the Theoretical examination given by the Joint Commission on National Dental Examinations before taking the Preclinical and Clinical Sections of the examination and shall have passed the Preclinical Section of the examination before taking the Clinical Sections.
- 1) Preclinical - In order to be successful, a grade score of at least 75% is required.
 - 2) Clinical - In order to be successful, a score of at least 75 is required in each of the following parts:
 - A) Restorative Amalgam
 - B) Restorative Castings
 - CB) Prosthetics
 - DC) Periodontics
 - ED) Comprehensive Treatment Planning (CTP)
 - FE) Diagnosis, Oral Medicine and Radiology (DOR)
 - G) Periodontal Simulated Examination (PSE)
- b) ~~In order to be successful, a grade of at least 75% is required in each clinical Section. Section 1220.130, below, sets out the examination--take requirements applicable to applicants who fail the Clinical on one or more occasions.~~
- b) The Department, upon recommendation of the Board, shall accept the following examinations for licensure:
- 1) The North East Regional Board (NERB) with a passing score of 75 or better on each part, if completed within the last 5 years;

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- 2) The Central Regional Dental Testing Service (CRDTS) Examination taken after January 1, 1988, with a passing score of 75 or better on each part of the examination prior to May 1993. Beginning in May 1993, a passing score of 70 or better on each part of the examination shall be accepted for licensure; or
- 3) The Southern Regional Testing Agency Inc. (SRTA) Examination taken after January 1, 1991, with a passing score of 75% or better on each section of the examination.

c) The applicant shall have the examination scores submitted to the Department directly from the reporting entity.

e) ~~The provisions of subsections (a)(1) and (2) above shall be waived for a candidate for licensure to practice dentistry who makes application in form and substance satisfactory to the Department under Section 9 of the Illinois Dental Practice Act and causes to be filed with the Department, in addition to his application, proof of his successful completion of the North East Regional Board (NERB) Examination or its regional equivalency within the past five (5) years, which must be forwarded directly to the Department from NERB or the appropriate reporting entity.~~

(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1220.220 Clinical Examination

a) The examination conducted by the Department for dental hygienist licensure shall be held twice each year. Applicants shall have passed the Theoretical examination given by Joint Commission on National Dental Examinations before taking the Clinical Examination. The Clinical Examination shall be conducted in the following subjects:

- 1) Dental Hygiene Comprehensive
- 2) Clinical Performance

- A) Selection of Patient
- B) Review of Required Records
- C) Treatment Exercise

b) Applicants for dental hygiene licensure must achieve at least 75% in each section of the examination in subsection (a) above. ~~Subject in order to be successful in the Clinical Section 1220.221, below sets out the examination retake requirements applicable to applicants who fail the Clinical on one or more occasions.~~

c) The Department, upon recommendation of the Board, shall accept the following examinations for licensure:

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- 1) The North East Regional Board (NERB) within the last 5 years, with a passing score of 75 or better on each part of the examination;
- 2) The Central Regional Dental Testing Service (CRDTS) Examination after January 1, 1988, with a passing score of 75 prior to May 1993. Beginning in May 1993 a passing score of 70 or better on each part of the examination shall be accepted for licensure; or
- 3) The Southern Regional Testing Agency Inc. (SRTA) Examination after January 1, 1991, with a passing score of 75% or better on each part of the examination.

d) The applicant shall have examination scores submitted to the Department directly from the reporting entity.

e) ~~The provisions of this Section shall be waived for a candidate for licensure to practice dental hygiene who makes application in form and substance satisfactory to the Department under Section 13 of the Illinois Dental Practice Act and causes to be filed with the Department, in addition to his application, proof of successful completion of the North East Regional Board (NERB) Examination or its regional equivalency taken within the past five (5) years with scores of at least 75% in each subject must be forwarded directly to the Department.~~

(Source: Amended at 17 Ill. Reg. _____, effective _____)

Section 1220.240 Permitted Duties of Dental Auxiliaries

a) Permitted Duties of an Appropriately Trained Dental Assistant

- 1) A licensed dentist may delegate to an appropriately trained dental assistant those procedures for which the dentist exercises supervision and full responsibility as long as the delegated functions do not include:

- A) Those procedures which require professional judgment and skill, such as diagnosis and treatment planning and the cutting of hard or soft tissues or any intraoral procedure which will be used directly in the fabrication of an appliance;
- B) Those procedures specifically allocated to licensed dental hygienists; and
- C) Those procedures forbidden by paragraph (g) of Section 17 of the Act.

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implemented within 90 days of its issuance and an updated medical history and oral inspection must be performed by the hygienist immediately prior to beginning the procedures to ensure that the patient's health has not changed in any manner to warrant a re-examination by the dentist.

- c) All intraoral procedures performed by a dental auxiliary, except those provided for in subsections (b)(1) and (b)(4), above, must be examined by the supervising dentist prior to the dismissal of the patient from the facility that day.

(Source: Amended at 17 Ill. Reg. _____, effective _____)

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- 2) Appendix B of this Part contains an illustrative list of those procedures which may be performed by an appropriately trained dental assistant.

- 3) An appropriately trained dental assistant is a person who is considered by the responsible dentist to be competent to perform acts appropriate for dental assistants, either through formal education in the area or through on-the-job training.

b) Permitted Duties of a Dental Hygienist

- 1) Dental hygienists may perform dental health education functions and may record case histories and oral conditions observed.

2) Scope of Duties

- A) Hygienists may perform all procedures which may be performed by an appropriately trained dental assistant.

- B) Hygienists may not perform procedures which require the professional judgment and skill of a dentist, such as diagnosis and treatment planning.

- C) Hygienists may monitor nitrous oxide under the following conditions:

- i) The dentist shall administer the nitrous oxide to the patient and monitor the induction of the gas so that the patient is at the level of analgesia not anesthetic. The dentist may then leave the room as long as the dental hygienist is present.

- ii) When the dental hygienist has completed her/his procedures, the dentist shall be responsible for removing the patient from the nitrous oxide.

- 3) Appendix C of this Part contains an illustrative list of those procedures which may be performed by registered dental hygienists.

- 4) The licensed dentist need not be present in the facility for a dental hygienist to perform the procedures outlined in Appendix C of this Part on persons who reside in a long-term care facility licensed by the State of Illinois or a mental health or developmental disability facility operated by the Department of Mental Health and Developmental Disabilities, hospital or other similar institution and are unable to travel to a dental office because of illness or infirmity. The dentist shall personally examine and diagnose the patient and determine which services are necessary to be performed, which shall be contained in a written order to the hygienist. Such order must be

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- 1) Heading of the Part: Nursing Home Administrators Licensing and Disciplinary Act
- 2) Code Citation: 68 Ill. Adm. Code 1310
- 3) Section Numbers:

	<u>Proposed Action:</u>
1310.30	Amendment
1310.60	Amendment
- 4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 111, pars. 3655 and 3657 [225 ILCS 70/5 and 70/7].
- 5) A Complete Description of the Subjects and Issues Involved:

The pass rate for the National Association of Board of Examiners for Nursing Home Administrators (NAB) examination portion of the Illinois Nursing Home Administrators licensure exam was only 22 percent in October 1992 and 23 percent in January 1993. In light of these figures, the Nursing Home Administrators Licensing and Disciplinary Board recommended to the Department that Illinois change its passing score. In changing from a passing score of 75 to a scale score of 113, Illinois will be in line with the current recommended NAB passing score.

- 6) Will these proposed amendments replace an emergency Rule currently in effect? No
- 7) Does this rulemaking contain an automatic repeal date? No
- 8) Do these proposed amendments contain incorporations by reference? No
- 9) Are there any other proposed Rules pending on this Part? No
- 10) Statement of Statewide Policy Objectives (if applicable):

This rulemaking has no effect on local governments.

- 11) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking:

Interested Persons may submit written comments and views to:

Department of Professional Regulation
Attention: Jean A. Courtney
320 West Washington, 3rd Floor
Springfield, IL 62786
217/785-0800

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All comments received within 30 days of this issue of the Illinois Register will be considered. The comments of interested persons who submit a request to comment within 14 days of this issue will be considered if received within 30 days of such request.

12) Initial Regulatory Flexibility Analysis:

- A) Date rule was submitted to the Business Assistance Office of the Department of Commerce and Community Affairs: May 25, 1993.
- B) Types of small businesses affected: Nursing homes.
- C) Reporting, bookkeeping or other procedures required for compliance:
There are no new reporting requirements.
- D) Types of professional skills necessary for compliance:
Nursing home administrator education and experience are necessary for licensure.

The full text of the Proposed Amendments begins on the next page:

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- A) Graduation from an accredited college or university with the minimum of a Baccalaureate Degree;
- B) Satisfactory completion of an approved course of instruction in nursing home administration as outlined in Section 1310.40; or
- C) Graduation from a three year diploma nurse program and an Employer's Affidavit certifying two years of qualifying experience as described in Section 1310.50; or

D) An associate degree or a minimum of 60 semester or 90 quarter hours of credit earned from an accredited college or university and an Employer's Affidavit certifying the applicant's qualifying experience as described in Section 1310.50;

3) Certification, for those applying pursuant to Section 3(3) of the Act, that the applicant is certified by a recognized church or religious denomination which teaches reliance on spiritual means alone for healing, as having been approved to administer institutions certified by such church or denomination for the care and treatment of the sick in accordance with its teaching. Such applicant upon successful completion of the examination set forth in Section 1310.60(f) of this Part, will be issued a Limited Nursing Home Administrator License which will allow the individual to be an administrator in an institution of the certifying church or denomination;

4) A statement of sound physical and mental health, dated within one year preceding application, signed by a currently licensed physician, (nothing in this subsection shall require a physical or mental examination for any applicant who is a member of a recognized church or religious denomination which teaches reliance on spiritual means alone for healing) (Section 3(3) of the Act);

5) A complete work history since completion of education set forth in subsection (a) above; and

6) The required fee set forth in Section 14 of the Act.

b) An applicant for a license by examination who has taken the National Association of Board of Examiners for Nursing Home Administrators examination in another jurisdiction shall have the examination scores submitted to the Department by the reporting entity. The passing score shall be 75 prior to July 1993. Beginning in July 1993, the passing score shall be a scale score of 113 in accordance with Section 1310.60 of this Part.

(Source: Amended at 17 Ill. Reg. _____, effective _____)

DEPARTMENT OF PROFESSIONAL REGULATION

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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONS

PART 1310
NURSING HOME ADMINISTRATORS
LICENSING AND DISCIPLINARY ACT

Section	Statutory Authority (Repealed)
1310.10	Temporary License
1310.20	Application for Examination
1310.30	Approved Nursing Home Administration Courses
1310.40	Qualifying Experience
1310.50	Examination
1310.60	Endorsement
1310.70	Renewals
1310.75	Restoration
1310.80	Continuing Education
1310.85	Granting Variances
1310.90	

AUTHORITY: Implementing the Nursing Home Administrators Licensing and Disciplinary Act (Ill. Rev. Stat. 1991, ch. 111, par. 3651 et seq.) [225 ILCS 70/1 et seq.] and authorized by Section 60(7) of The Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 60(7)) [20 ILCS 2105/60(7)].

SOURCE: Adopted at 5 Ill. Reg. 1500; effective February 1, 1981; codified at 5 Ill. Reg. 11045; amended at 5 Ill. Reg. 14171, effective December 3, 1981; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 7448, effective June 15, 1982; amended at 9 Ill. Reg. 5364, effective April 8, 1985; amended at 10 Ill. Reg. 16715, effective September 22, 1986; transferred from Chapter I, 68 Ill. Adm. Code 310 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 310 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2955; amended at 13 Ill. Reg. 15653, effective September 25, 1989; amended at 16 Ill. Reg. 12565, effective July 27, 1992; amended at 17 Ill. Reg. _____, effective _____.

Section 1310.30 Application for Examination

a) An applicant for a license as a nursing home administrator shall file an application on forms supplied by the Department, at least 60 days prior to an examination date, together with:

- 1) Certification of graduation from high school or a GED;
- 2) Certified records of education and experience of any one of the following:

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Section 1310.60 Examination

- a) The first portion of the examination for licensure as a nursing home administrator shall be the national examination of the National Association of Boards of Examiners for Nursing Home Administrators. The passing score shall be 75 prior to July 1993. Beginning in July 1993, the passing score shall be a scale score of 113.
- b) The second portion of the examination shall be the Illinois Supplemental examination which will cover the Nursing Home Care Act and the rules promulgated by the Illinois Department of Public Health for the administration of this Act (77 Ill. Adm. Code 300, 350 and 390) and the Nursing Home Administrators Licensing and Disciplinary Act and the rules set forth in this Part for the administration of the Act. The passing score on this portion of the examination shall be 75.
- c) ~~The passing score on each portion of the examination shall be 75.~~
- d) ~~c)~~ An applicant who fails either portion of the examination shall be required to retake only that portion in which a passing score ~~of at least 75~~ was not achieved. The applicant shall have 3 years from the date of application to pass both portions of the examination.
- e) ~~d)~~ If an applicant fails to pass either portion of the examination for licensure within three years after filing the application, the application shall be denied. However, each applicant may make a new application for examination, accompanied by the required fee and meet the education and experience requirements for licensure at the time of application. Such applicant will be required to take both portions of the examination on the first examination attempt. If an applicant fails either portion, he/she shall be required to retake the examination in accordance with subsection (d) above.
- f) ~~e)~~ For those individuals who are applying as members of a *Recognized church or religious denomination, which teaches reliance on spiritual means alone for healing* (Section 3(3) of the Act), an examination will be administered which will not require the individual to demonstrate proficiency in any medical techniques.
- g) ~~f)~~ An applicant for a license by examination, who has taken the National Association of Boards of Examiners for Nursing Home Administrators examination in another jurisdiction, shall have the examination scores submitted to the Department by the reporting entity. The passing score shall be 75 prior to July 1993. Beginning in July 1993, the passing score shall be a scale score of 113 as set forth in subsection (a) above.

(Source: Amended at 17 Ill. Reg. _____, effective _____)

DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

- 1) The Heading of the Part:
Narrative and Planning Policies
- 2) Code Citation:
77 Ill. Adm. Code 1100
- 3) Section Numbers:
1100.740
Proposed Action:
New Section
- 4) Statutory Authority:
Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par 1151 et seq.) [20 ILCS 3960/1 et seq.]
- 5) A Complete Description of the Subject and Issues Involved:
This rulemaking establishes planning areas, occupancy targets, need determination and inventory requirements for the new licensed category of service of the subacute care hospital model.
- 6) Will this Rulemaking Replace an Emergency Rule Currently in Effect?
Yes ___ No X
- 7) Does this Rulemaking Contain an Automatic Repeal Date?
Yes ___ No X
- 8) Does this Rulemaking Contain any Incorporations by Reference?
Yes ___ No X
- 9) Are there any other Proposed Amendments Pending on this Part?
Yes ___ No X
If yes:
- 10)

<u>Section Numbers</u>	<u>Proposed Action</u>	<u>Ill. Reg. Citation</u>
<u>Statement of Statewide Policy Objectives:</u>		

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NOTICE OF PROPOSED AMENDMENTS

The rulemaking establishes specific standards for the review of subacute care hospital models. These rules establish the framework for area analysis and need determination. No impact on local government is anticipated.

- 11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking:

Interested persons may present their comments concerning these rules by writing to Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761, within 45 days after this issue of the Illinois Register

These rules may have an impact on small businesses. In accordance with Sections 3.01 and 4.03 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 3.10 of the Illinois Administrative Procedure Act commenting on these rules shall indicated their status as such in their comments.

- 12) Initial Regulatory Flexibility Analysis:

A) Date Rulemaking was Submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:

B) Type of Small Businesses Affected:

Health Care Facilities

C) Reporting, Bookkeeping or Other Procedures Required for Compliance:

none

D) Types of Professional Skills Necessary for Compliance:

none

The full text of the Proposed Amendments begins on the next page:

DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER II: DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES
PLANNING BOARD

SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1100
NARRATIVE AND PLANNING POLICIES
SUBPART A: GENERAL NARRATIVE

Section	Introduction
1100.10	Authority
1100.20	Purpose
1100.30	Health Maintenance Organizations (Repealed)
1100.40	Subchapter Organization
1100.50	Mandatory Reporting of Data
1100.60	Data Appendices
1100.70	Institutional Master Plan Hospitals (Repealed)
1100.80	Public Hearings
1100.90	

SUBPART B: GENERAL DEFINITIONS

Section	Introduction
1100.210	Definitions
1100.220	

SUBPART C: PLANNING POLICIES

Section	Need Assessment
1100.310	Staffing
1100.320	Professional Education
1100.330	Public Testimony
1100.340	Multi-Institutional Systems
1100.350	Modern Facilities
1100.360	Occupancy/Utilization Standards
1100.370	Systems Planning
1100.380	Quality
1100.390	Location
1100.400	Needed Facilities
1100.410	Discontinuation
1100.420	Coordination with Other State Agencies
1100.430	

SUBPART D: NEED FORMULAS/UTILIZATION TARGETS

Section	Introduction, Formula Components and Planning Area Development
1100.510	

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1100.520 Medical-Surgical/Pediatric Categories of Service
 1100.530 Obstetric Category of Service
 1100.540 Intensive Care Category of Service
 1100.550 Comprehensive Physical Rehabilitation Category of Service
 1100.560 Acute Mental Illness Categories of Service
 1100.570 Substance Abuse Category of Service
 1100.580 Neonatal Intensive Care Category of Service
 1100.590 Burn Category of Service
 1100.600 Therapeutic Radiology Equipment
 1100.610 Open Heart Surgery Category of Service
 1100.620 Cardiac Catheterization Services
 1100.630 Chronic Renal Dialysis Category of Service
 1100.640 Non-Hospital Based Ambulatory Surgery
 1100.650 Computer Systems (Repealed)
 1100.660 General Long-Term Care Category of Service
 1100.670 Specialized Long-Term Care Categories of Service
 1100.680 Magnetic Resonance
 1100.690 High Linear Energy Transfer (L.E.T.)
 1100.700 Positron Emission Tomographic Scanning (P.E.T.)
 1100.710 Extracorporeal Shock Wave Lithotripsy
 1100.720 Selected Organ Transplantation
 1100.730 Kidney Transplantation
 1100.740 Subacute Care Hospital Model

APPENDIX A Applicable Codes and Standards Utilized in 77 Ill. Adm. Code:
Chapter II, Subchapter a

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1151 et seq.) [20 ILCS 3960/1 et seq.]

SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4 Ill. Reg., p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22, 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079, effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983; amended at 8 Ill. Reg. 1633, effective January 31, 1984; codified at 8 Ill. Reg. 15476; amended at 9 Ill. Reg. 3344; effective March 6, 1985; amended at 11 Ill. Reg. 7311, effective April 1, 1987; amended at 12 Ill. Reg. 16079, effective September 21, 1988; amended at 13 Ill. Reg. 16055, effective September 29, 1989; amended at 16 Ill. Reg. 16074, effective October 2, 1992; amended at 17 Ill. Reg. _____, effective _____.

Section 1100.740 Subacute Care Hospital Model

a) Planning Areas:

- (1) the City of Chicago.
- (2) Cook County outside the City of Chicago.
- (3) DuPage, Kane, Lake, McHenry, and Will Counties.

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- (4) Municipalities with a population greater than 50,000 not located in the areas described in subsections (1), (2), and (3) above. Municipalities means geographic areas designated as a Metropolitan Statistical Area by the Bureau of the Census.
- (5) Rural areas, i.e. all areas exclusive of subsections (1), (2), (3), and (4) above.
- b) Age groups: All ages
- c) Occupancy Targets: Modernization/Establishment 85%
- d) Bed capacity:
- (1) the lesser of measured bed capacity or functional bed capacity per individual room utilized for subacute care for facilities licensed or operated pursuant to the Hospital Licensing Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 142 et seq.) [210 ILCS 85/1 et seq.]; or
- (2) the licensed bed capacity per individual room utilized for subacute care for facilities licensed pursuant to the Nursing Home Care Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 4151-101 et seq.) [210 ILCS 45/1-101 et seq.]
- e) Need Determination: No more than two alternative subacute care hospital models will be approved in each planning area, one in a hospital and one in a long-term care facility in each planning area. If after a period of one year (from the effective date of this Part) a hospital or long-term care project has not been approved in a planning area, the need may be met by an applicant within the other facility classification. This may result in two hospital or two long-term care programs approved in a planning area.
- f) Inventory: Beds approved for a subacute care hospital model shall be inventoried for the category of service utilized prior to permit issuance during the demonstration period.

(Source: Added at 17 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Processing, Classification Policies and Review Criteria2) Code Citation:

77 Ill. Adm. Code 1110

3) Section Numbers:1110.2510
1110.2520
1110.2530
1110.2540
1110.2550Proposed Action:New Section
New Section
New Section
New Section
New Section4) Statutory Authority:Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 11151 et seq.)
[20 ILCS 3960/1 et seq.]5) A Complete Description of the Subjects and Issues Involved:

This rulemaking adds a category of service to the Part dealing with the review components of the subacute care hospital model. Rule represents an expansion of current review standards to address the evaluation of this new licensed service. The rule additions consist of an introduction and definition section which introduce the category of service and define the key elements of the service. The Review Criteria Section establish three standards; distinct unit requirements, required contractual relationships for emergency care and a required minimum unit size. The State Board Review Section establishes review procedures for the service and details a prioritization process for the selection of the ten models. The final section on completion provides an administrative position on the duration of the permit and permit holder responsibilities.

6) Will this Rulemaking Replace an Emergency Rule Currently in Effect?Yes ___ No X7) Does this Rulemaking Contain an Automatic Repeal Date? Yes ___ No X

If "yes", please specify the date: _____

8) Does this Rulemaking Contain any Incorporations by Reference? Yes ___ No X

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If "yes," please specify type: 6.02(a) ___ or 6.06(b) ___

9) Are there any Other Proposed Amendments Pending on this Part? Yes ___ No XIf yes:Section NumbersProposed Action10) Statement of Statewide Policy Objectives:

The rulemaking establishes specific standards for the review of the subacute care hospital models. These regulations establish the framework for area analysis and need determination. No impact on local government is anticipated.

11) Time, Place, and Manner in which Interested Persons May Comment on this Rulemaking:

Interested persons may present their comments concerning these rules by writing to Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 within 45 days after this issue of the Illinois Register.

These rules may have an impact on small businesses. In accordance with Sections 3.01 and 4.03 of the Illinois Administrative Procedure Act, any small business may present their comments in writing to Gail M. DeVito at the above address.

Any small business (as defined in Section 3.10 of the Illinois Administrative Procedure Act) commenting on these rules shall indicate their status as such, in writing, in their comments.

12) Initial Regulatory Flexibility Analysis:A) Date Rulemaking was Submitted to the Business Assistance Office of the Department of Commerce and Community Affairs:B) Type of Small Businesses Affected:

Health Care

C) Reporting, Bookkeeping or Other Procedures Required for Compliance:

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TITLE 77: PUBLIC HEALTH
CHAPTER II: DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES
PLANNING BOARD
SUBCHAPTER a: ILLINOIS HEALTH CARE FACILITIES PLAN

PART 1110

PROCESSING, CLASSIFICATION POLICIES AND REVIEW CRITERIA

SUBPART A: GENERAL APPLICABILITY AND PROJECT CLASSIFICATION

Section	
1110.10	Introduction to Part 1110
1110.20	Projects Required to Obtain a Permit (Repealed)
1110.30	Processing and Reviewing Applications
1110.40	Classification of Projects
1110.50	Recognition of Services Which Existed Prior to Permit Requirements
1110.55	Recognition of Non-Hospital Based Ambulatory Surgery Category of Service
1110.60	Master Design Projects

SUBPART B: REVIEW CRITERIA-DISCONTINUATION

Section	
1110.110	Introduction
1110.120	Discontinuation-Definition
1110.130	Discontinuation-Review Criteria

SUBPART C: GENERAL REVIEW CRITERIA APPLICABLE TO ALL PROJECTS OTHER THAN DISCONTINUATION

Section	
1110.210	Introduction
1110.220	Definitions-General Review Criteria
1110.230	General Review Criteria
1110.235	Additional General Review Criteria
1110.240	Mergers, Consolidations and Acquisitions

SUBPART D: REVIEW CRITERIA RELATED TO ALL PROJECTS INVOLVING
ESTABLISHMENT OF ADDITIONAL BEDS OR SUBSTANTIAL CHANGE
IN BED CAPACITY

Section	
1110.310	Introduction
1110.320	Bed Related Review Criteria

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SUBPART E: MODERNIZATION REVIEW CRITERIA

Section	
1110.410	Introduction
1110.420	Modernization Review Criteria

SUBPART F: CATEGORY OF SERVICE REVIEW CRITERIA-
MEDICAL/SURGICAL, OBSTETRIC, PEDIATRIC AND INTENSIVE CARE

Section	
1110.510	Introduction
1110.520	Medical/Surgical, Obstetric, Pediatric and Intensive Care-Definitions
1110.530	Medical/Surgical, Obstetric, Pediatric and Intensive Care-Review Criteria

SUBPART G: CATEGORY OF SERVICE REVIEW CRITERIA-COMPREHENSIVE
PHYSICAL REHABILITATION

Section	
1110.610	Introduction
1110.620	Comprehensive Physical Rehabilitation-Definitions
1110.630	Comprehensive Physical Rehabilitation-Review Criteria

SUBPART H: CATEGORY OF SERVICE REVIEW CRITERIA-ACUTE MENTAL ILLNESS

Section	
1110.710	Introduction
1110.720	Acute Mental Illness-Definitions
1110.730	Acute Mental Illness-Review Criteria

SUBPART I: CATEGORY OF SERVICE REVIEW CRITERIA-SUBSTANCE ABUSE

Section	
1110.810	Introduction
1110.820	Substance Abuse-Definitions
1110.830	Substance Abuse-Review Criteria

SUBPART J: CATEGORY OF SERVICE REVIEW CRITERIA-
NEONATAL INTENSIVE CARE

Section	
1110.910	Introduction
1110.920	Neonatal Intensive Care-Definitions
1110.930	Neonatal Intensive Care-Review Criteria

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SUBPART K: CATEGORY OF SERVICE REVIEW CRITERIA-BURN TREATMENT

Section
1110.1010 Introduction
1110.1020 Burn-Definitions
1110.1030 Burn Treatment-Review Criteria

SUBPART L: CATEGORY OF SERVICE REVIEW CRITERIA-THERAPEUTIC RADIOLOGY

Section
1110.1110 Introduction
1110.1120 Therapeutic Radiology-Definitions
1110.1130 Therapeutic Radiology-Review Criteria

SUBPART M: CATEGORY OF SERVICE REVIEW CRITERIA-OPEN HEART SURGERY

Section
1110.1210 Introduction
1110.1220 Open Heart Surgery-Definitions
1110.1230 Open Heart Surgery-Review Criteria

SUBPART N: CATEGORY OF SERVICE REVIEW CRITERIA-CARDIAC CATHETERIZATION

Section
1110.1310 Introduction
1110.1320 Cardiac Catheterization-Definitions
1110.1330 Cardiac Catheterization-Review Criteria

SUBPART O: CATEGORY OF SERVICE REVIEW CRITERIA-CHRONIC RENAL DIALYSIS

Section
1110.1410 Introduction
1110.1420 Chronic Renal Dialysis-Definitions
1110.1430 Chronic Renal Dialysis-Review Criteria

SUBPART P: CATEGORY OF SERVICE REVIEW CRITERIA-NON-HOSPITAL BASED AMBULATORY SURGERY

Section
1110.1510 Introduction

DEPARTMENT OF PUBLIC HEALTH/HEALTH FACILITIES PLANNING BOARD

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1110.1520 Non-Hospital Based Ambulatory Surgery-Definitions
1110.1530 Non-Hospital Based Ambulatory Surgery-Projects Not Subject to This Part
1110.1540 Non-Hospital Based Ambulatory Surgery-Review Criteria

SUBPART Q: CATEGORY OF SERVICE REVIEW CRITERIA-COMPUTER SYSTEMS

Section
1110.1610 Introduction(Repealed)
1110.1620 Computer Systems-Definitions(Repealed)
1110.1630 Computer Systems-Review Criteria(Repealed)

SUBPART R: CATEGORY OF SERVICE REVIEW CRITERIA-GENERAL LONG-TERM CARE

Section
1110.1710 Introduction
1110.1720 General Long-Term Care-Definitions
1110.1730 General Long-Term Care-Review Criteria

SUBPART S: CATEGORY OF SERVICE REVIEW CRITERIA-SPECIALIZED LONG-TERM CARE

Section
1110.1810 Introduction
1110.1820 Specialized Long-Term Care-Definitions
1110.1830 Specialized Long-Term Care-Review Criteria

SUBPART T: CATEGORY OF SERVICE REVIEW CRITERIA-MAGNETIC RESONANCE

Section
1110.1910 Introduction
1110.1920 Magnetic Resonance-Definitions
1110.1930 Magnetic Resonance-Review Criteria

SUBPART U: CATEGORY OF SERVICE REVIEW CRITERIA-HIGH LINEAR ENERGY TRANSFER (L.E.T.)

Section
1110.2010 Introduction
1110.2020 High Linear Energy Transfer (L.E.T.)-Definitions
1110.2030 High Linear Energy Transfer (L.E.T.)-Review Criteria

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SUBPART V: CATEGORY OF SERVICE REVIEW CRITERIA-POSITRON
EMISSION TOMOGRAPHIC SCANNING (P.E.T.)

Section	Introduction
1110.2110	Positron Emission Tomographic Scanning (P.E.T.)-Definitions
1110.2120	Positron Emission Tomographic Scanning (P.E.T.)-Review Criteria
1110.2130	

SUBPART W: CATEGORY OF SERVICE REVIEW CRITERIA-EXTRACORPOREAL
SHOCK WAVE LITHOTRIPSY

Section	Introduction
1110.2210	Extracorporeal Shock Wave Lithotripsy-Definitions
1110.2220	Extracorporeal Shock Wave Lithotripsy-Review Criteria
1110.2230	

SUBPART X: CATEGORY OF SERVICE REVIEW CRITERIA-SELECTED
ORGAN TRANSPLANTATION

Section	Introduction
1110.2310	Selected Organ Transplantation-Definitions
1110.2320	Selected Organ Transplantation-Review Criteria
1110.2330	

SUBPART Y: CATEGORY OF SERVICE REVIEW CRITERIA-KIDNEY
TRANSPLANTATION

Section	Introduction
1110.2410	Kidney Transplantation-Definitions
1110.2420	Kidney Transplantation-Review Criteria
1110.2430	

SUBPART Z: CATEGORY OF SERVICE REVIEW CRITERIA-SUBACUTE
CARE HOSPITAL MODEL

Section	Introduction
1110.2510	Subacute Care Hospital Model-Definitions
1110.2520	Subacute Care Hospital Model-Review Criteria
1110.2530	Subacute Care Hospital Model-State Board Review
1110.2540	Subacute Care Hospital Model-Project Completion
1110.2550	

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APPENDIX A Medical Specialty Eligibility/Certification Boards
APPENDIX B State and National Norms on Square Footage by Department
APPENDIX C Statutory Citations for all State and Federal Laws and Regulations Referenced in
Chapter 1110

AUTHORITY: Implementing and authorized by the Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1151 et seq.) [20 ILCS 3960/1 et seq.].

SOURCE: Fourth Edition adopted at 3 Ill. Reg. 30, p. 194, effective July 28, 1979; amended at 4 Ill. Reg., p. 129, effective January 11, 1980; amended at 5 Ill. Reg. 4895, effective April 22, 1981; amended at 5 Ill. Reg. 10297, effective September 30, 1981; amended at 6 Ill. Reg. 3079, effective March 8, 1982; emergency amendments at 6 Ill. Reg. 6895, effective May 20, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 11574, effective September 9, 1982; Fifth Edition adopted at 7 Ill. Reg. 5441, effective April 15, 1983, amended at 8 Ill. Reg. 1633, effective January 31, 1984; codified at 8 Ill. Reg. 18498; amended at 9 Ill. Reg. 3734, effective March 6, 1985; amended at 11 Ill. Reg. 7333, effective April 1, 1987, amended at 12 Ill. Reg. 16099, effective September 21, 1988; amended at 13 Ill. Reg. 16078, effective September 29, 1989; emergency amendments at 16 Ill. Reg. 13159, effective August 4, 1992, for a maximum of 150 days; emergency expired January 1, 1993; amended at 16 Ill. Reg. 16108, effective October 2, 1992; amended at 17 Ill. Reg. 4453, effective March 24, 1993; amended at 17 Ill. Reg. _____, effective _____.

SUBPART Z: CATEGORY OF SERVICE REVIEW CRITERIA-SUBACUTE
CARE HOSPITAL MODEL

Section 1110.2510 Introduction

a)

Subpart Z of this Part contains review criteria which pertain to the subacute care hospital model category of service. The subacute care hospital model category of service is a demonstration program which is authorized by the Alternative Health Care Delivery Act. These subacute care hospital model review criteria are utilized in addition to the General Review Criteria contained in Subpart C of this Part and in addition to the Establishment of Additional Beds Review Criteria contained in Subpart D of this Part. This Subpart Z also contains the methodology the State Board shall utilize in evaluating competing applications, if any, for the establishment of any subacute care hospital models.

b)

A provider at any time may be caring for subacute patients. Establishment of a subacute care hospital model category of service occurs when a facility localizes the placement of subacute patients into a distinct physical area in the facility; establishes treatment protocols particular to the subacute patient; establishes the organizational structure for the treatment of such patients and provides necessary equipment required for the treatment of the subacute patient within the unit. Facilities providing care to a large number of subacute patients that cannot provide the subacute care hospital category of service should refer all such patients to units approved as subacute care hospitals. A permit must be obtained to establish the category of service. Failure to obtain such permit will result in

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the application of sanctions as provided for in the Illinois Health Facilities Planning Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1151 et seq.) (20 ILCS 3960/1 et seq.).

(Source: Added at 17 Ill. Reg. _____, effective _____)

Section 1110.2520 Subacute Care Hospital Model-Definitions

a) "Subacute Care Hospital" IS A DESIGNATED SITE WHICH PROVIDES MEDICAL SPECIALTY CARE FOR PATIENTS WHO NEED A GREATER INTENSITY OR COMPLEXITY OF CARE THAN GENERALLY PROVIDED IN A SKILLED NURSING FACILITY BUT WHO NO LONGER REQUIRE ACUTE HOSPITAL CARE. THE AVERAGE LENGTH OF STAY FOR PATIENTS TREATED IN SUBACUTE CARE HOSPITALS SHALL NOT BE LESS THAN 20 DAYS, AND FOR INDIVIDUAL PATIENTS, THE EXPECTED LENGTH OF STAY AT THE TIME OF ADMISSION SHALL NOT BE LESS THAN 10 DAYS. A SUBACUTE CARE HOSPITAL IS EITHER A FREESTANDING BUILDING OR A DISTINCT PHYSICAL AND OPERATIONAL ENTITY WITHIN A HOSPITAL OR NURSING HOME BUILDING. A SUBACUTE CARE HOSPITAL SHALL ONLY CONSIST OF BEDS CURRENTLY EXISTING IN LICENSED HOSPITALS OR SKILLED NURSING FACILITIES. (Section 35 of the Alternative Health Care Delivery Act; Public Act 87-1188, effective September 24, 1992)

b) "Subacute Care" means the provision of MEDICAL SPECIALTY CARE FOR PATIENTS WHO NEED A GREATER INTENSITY OR COMPLEXITY OF CARE THAN GENERALLY PROVIDED IN A SKILLED NURSING FACILITY BUT WHO NO LONGER REQUIRE ACUTE HOSPITAL CARE. SUBACUTE CARE INCLUDES PHYSICIAN SUPERVISION, REGISTERED NURSING, AND PHYSIOLOGICAL MONITORING ON A CONTINUOUS BASIS. (Section 35 of the Alternative Health Care Delivery Act; Public Act 87-1188, effective September 24, 1992)

c) "Subacute Care Hospital Model" means a category of service for the provision of subacute care.

(Source: Added at 17 Ill. Reg. _____, effective _____)

Section 1110.2530 Subacute Care Hospital Model-Review Criteria

a) Distinct Unit--Review Criterion

The applicant must document that the proposed unit or health care facility will be self-contained, physically distinct and have staff dedicated to service within only that unit. Documentation shall include a physical layout of the unit detailing travel patterns to ancillary and support services and to patient and visitor access. Also, the applicant must

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provide a detailed staffing plan which includes staff qualifications, staffing patterns for the proposed subacute care hospital and staff recruitment policies.

b) Contractual Relationship--Review Criterion

The applicant must document the capability to handle cases of complications, emergencies, or exigent circumstance.

1) An applicant currently licensed as a long-term care facility must document such capability through the existence of a contractual relationship (which includes a transfer agreement) with a general acute care hospital.

2) An applicant currently licensed as a hospital which proposes to convert the entire hospital must document such capability through the use of existing emergency, ancillary and support services within the hospital which will be maintained following the conversion. If the hospital surrenders its hospital license in order to develop the subacute care hospital model a contractual relationship with a general acute care hospital for emergency services must exist.

3) An applicant currently licensed as a hospital which proposes to establish this category of service through the conversion of a part of the hospital must document the availability and intended use of the emergency capability in accordance with the requirements of hospital licensure and detail that such capability will not be duplicated within the subacute facility.

c) Unit Size--Review Criterion

The applicant must document that the number of subacute care beds proposed will equal or exceed the minimum number established for the planning area. The minimum subacute care hospital unit size is 10 beds in rural planning areas (as defined in 77 Ill. Adm. Code 1100.720(a)) and 30 beds in all other planning areas.

(Source: Added at 17 Ill. Reg. _____, effective _____)

Section 1110.2540 Subacute Care Hospital Model-State Board Review

a) State Board Evaluation. The State Board shall evaluate each application for the subacute care hospital model category of service based upon compliance with the conditions set forth in subsection (b) below.

b) State Board Prioritization

1) All applications for each planning area shall be rank ordered by facility type (hospital or skilled long term care) based on points awarded as follows:

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- A) Compliance with all applicable review criteria of Subpart C. of this Part (General Review Criteria) -- 10 Points.
- B) Compliance with all applicable review criteria of Subpart D. of this Part (Review Criteria Related to Establishment of Additional Beds -- 10 Points.
- C) Compliance with all review criteria of Section 1110.2530 (Subacute Care Hospital Model Review Standards) -- 10 Points.
- D) Compliance with all review criteria of 77 Ill. Adm. Code 1120 (Financial Review Criteria) -- 10 Points.
- E) Location in a medically underserved area (as defined by the Department of Health and Human Services as a health professional shortage area) -- 3 Points.
- F) A multi-institutional system arrangement exists for the referral of subacute patients where the applicant facility serves as the receiving facility for such a system. A multi-institutional system consists of a network of licensed acute care facilities located within the planning area and within 60 minutes travel time of the applicant which are inter-related by contractual agreement which provides for an exclusive best effort arrangement concerning the transfer of patients between facilities. Best effort arrangement means the acute care facility will encourage and recommend to its medical staff that patients requiring subacute care will only be transferred to the applicant facility. -- 1 Point per each facility in the multi-institutional system.

G) The existence of Medicare and Medicaid certification at the applicant facility and historical volume. The following point allocation will be applied:

- i) In the last calendar or fiscal year Medicare/Medicaid patient days were between 10% and 25% of total facility patient days -- 2 Points.
- ii) In the last calendar or fiscal year Medicare/Medicaid patient days were between 25% and 50% of total facility patient days -- 4 Points.
- iii) In the last calendar or fiscal year Medicare/Medicaid patient days exceeded 50% of total facility patient days -- 6 Points.

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- H) In areas where competing applications have been filed, 3 points will be allocated to the application with the lowest per diem charge as submitted in the application for permit.
- I) If in each of the last five calendar years the applicant institution documents a casemix consisting of: ventilator cases, head trauma cases or patients with multiple complex diagnoses which included physiological monitoring on a continual basis, of such magnitude that if placed in the proposed sub-acute facility these patients would have constituted an annual occupancy exceeding 75% in each past year. --- 3 Points.
- J) The applicant has documented that during the last calendar year at least 75% of all patient days of the applicant facility were reimbursed through contractual relationships with managed care plans, preferred provider organizations or HMO's. --- 3 Points.
- K) If the applicant institution over the last five calendar year period has been issued a conditional license at any time by the Department of Public Health --- Loss of 25 Points.
- 2) An application for the development of a subacute care hospital model must obtain a minimum of 50 points for approval. The applicant (hospital or long-term care applicant) within the planning area receiving the most points shall be granted the permit for the category of service if the minimum point total has been exceeded.

(Source: Added at 17 Ill. Reg. _____, effective _____)

Section 1110.2550 Subacute Care Hospital Model-Project Completion

- a) Since the purpose for establishment of this category of service is to evaluate the alternative delivery model for effectiveness, such projects are not complete until such time as the model is evaluated and the decision made to adopt or not adopt the model as an ongoing licensed level of service separate from an alternative delivery model. A discontinuation permit will not be required of a facility holding a subacute care hospital model permit if the facility elects to discontinue the model but retain licensed subacute care beds. The subacute care hospital model project shall be considered complete as of the date the Agency is notified of the discontinuation. The need to recognize an additional subacute care hospital model when a service has been discontinued is at the discretion of the State Board. Any alteration to the subacute care hospital model during the life of the permit is subject to State Board review.

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- b) All assurances and charges for service presented in the application shall be in effect for the life of the permit unless altered pursuant to the approval of the State Board.

(Source: Added at 17 Ill. Reg. _____, effective _____)

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

NOTICE OF ADOPTED RULES

- 1) The Heading of the Part: Americans with Disabilities Act
Grievance Procedure

2) Code Citation: 4 Ill. Adm. Code 925

3) Section numbers Adopted Action

925.100 Added
925.110 Added
925.120 Added
925.130 Added
925.140 Added
925.150 Added
925.160 Added
Appendix A

- 4) Statutory Authority: Americans With Disabilities Act of 1990, 42 USC Section 12101 et seq., ("ADA") and specifically Section 35.107 of the Title II regulation, 28 CFR Part 35.

- 5) Effective Date of Rule(s) (Amendments, Repealer): May 21, 1993

- 6) Does this rulemaking contain an automatic repeal date?
____ Yes X No

If so, please specify date: _____

- 7) Does this rule (amendment, repealer) contain incorporations by reference? No

- 8) Date Filed in Agency's Principal Office: May 14, 1993

- 9) Notice(s) of Proposal Published in Illinois Register:
July 10, 1992, 16 Ill. Reg. 10534

- 10) Has JCAR issued a Statement of Objections to this (these) rule(s)? If answer is "yes", please complete the following:
No

A) Statement of Objection: _____, _____ Ill. Reg. _____

B) Agency Response: _____, _____ Ill. Reg. _____

C) Date Agency Response Submitted for Approval to JCAR: _____

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- 11) Difference(s) between proposal and final version: No substantive changes
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? N/A
- 13) Will this rule (amendment, repealer) replace an emergency rule (amendment, repealer) currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rule:
- This rulemaking establishes a grievance procedure required by the Act to resolve grievances asserted by qualified individuals with disabilities.
- The rules explain who may file a grievance and guides a complainant through the steps necessary to proceed to a resolution.

- 16) Information and questions regarding this adopted rule shall be directed to:

Name: Rachel Doctors
Address: Illinois Environmental Protection Agency
2200 Churchill Road
P.O. Box 19276
Springfield, IL 62794-9276
Telephone: 217/524-3333

The full text of the Adopted Rule begins on the next page:

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NOTICE OF ADOPTED RULES

TITLE 4: DISCRIMINATION PROCEDURES
CHAPTER XXXIV: ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

PART 925

AMERICANS WITH DISABILITIES ACT GRIEVANCE PROCEDURE

Section	Purpose
925.100	Definitions
925.110	Procedure
925.120	Designated Coordinator Level
925.130	Final Level
925.140	Accessibility
925.150	Case-by-Case Resolution
925.160	Grievance Form

APPENDIX A

AUTHORITY: Americans With Disabilities Act of 1990 (42 USC 12101 et seq.) and Section 35.107 of the Title II regulations (28 CFR Part 35).

SOURCE: Adopted at 17 Ill. Reg. 8162, effective May 21, 1993.

Section 925.100 Purpose

- a) The Americans With Disabilities Act Grievance Procedure (hereinafter referred to as "Procedure") is established pursuant to the Americans With Disabilities Act of 1990, 42 USC 12101 et seq. (hereinafter referred to as "ADA") and specifically Section 35.107 of the Title II regulations, 28 CFR Part 35, requiring that a grievance procedure be established to resolve grievances asserted by qualified individuals with disabilities. Should any individual desire to review the ADA or its regulations to understand the rights, privileges and remedies afforded by it, please contact the Designated Coordinator.
- b) In general, the ADA requires that each program, service, and activity offered by the Illinois Environmental Protection Agency (hereinafter referred to as "Agency"), when viewed in its entirety, be readily accessible to and usable by qualified individuals with disabilities.
- c) It is the intention of the Agency to foster open communications with all individuals requesting readily accessible programs, services, and activities. The Agency encourages supervisors of programs, services, and activities to respond to requests for modifications before they become grievances.

Section 925.110 Definitions

- a) "Complainant" is an individual with a disability who files a Grievance Form provided by the Agency under this procedure.
- b) "Designated Coordinator" is the person(s) appointed by the Agency Director who is/are responsible for the coordination of efforts of the

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Agency to comply with and carry out its responsibilities under Title II of the ADA including investigation of grievances filed by complainants. The Designated Coordinator may be contacted at P.O. Box 19276, Springfield, Illinois 62794. See 28 CFR 35.107.

- c) "Grievance" is any complaint under the ADA by an individual with a disability who meets the essential eligibility requirements for participation in or receipt of the benefits of a program, activity, or service offered by the Agency, and believes he or she has been excluded from participation in, or denied the benefits of, any program, service, or activity of the Agency or has been subject to discrimination by the Agency.

Section 925.120 Procedure

- a) Grievances must be submitted through the channels defined below in the form and manner as described within the specified time limits. It is mutually desirable and beneficial that grievances be satisfactorily resolved in a prompt manner. Time limits established in this procedure are in calendar days, unless otherwise stated, and may be extended by mutual agreement in writing by the complainant and the reviewer, at the Designated Coordinator and Final Levels.
- b) A complainant's failure to submit a grievance, or to submit or appeal it to the next level of procedure within the specified time limits, shall mean that the complainant has withdrawn the grievance or has accepted the last response given in the grievance procedure as the Agency's last response.
- c) The Agency shall, upon being informed of that individual's desire to file a formal grievance, instruct the individual how to receive a copy of this procedure and the grievance form.

Section 925.130 Designated Coordinator Level

- a) If an individual desires to file a formal written grievance, the individual shall promptly, but no later than 180 days after the alleged discrimination, submit the grievance to the Designated Coordinator in writing on the Grievance Form prescribed for that purpose. The Grievance Form must be completed in full in order to receive proper consideration by the Designated Coordinator.
- b) Upon request, assistance shall be provided by the Agency to complete the Grievance Form.
- c) The Designated Coordinator, or his/her representative, shall investigate the grievance and shall make reasonable efforts to resolve it. The Designated Coordinator shall provide a written response to the complainant and Director within ten (10) business days after receipt of the Grievance Form.

Section 925.140 Final Level

- a) If the grievance has not been resolved at the Designated Coordinator

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Level to the satisfaction of the complainant, the complainant may submit a copy of the Grievance Form and Designated Coordinator's response to the Director of the Agency for final review. The complainant shall submit these documents to the Director, together with a short written statement explaining the reason(s) for dissatisfaction with the Designated Coordinator's written response, within five (5) business days after receipt by the complainant of the Designated Coordinator's response.

- b) The Director shall appoint a 3-member panel to review the grievance at the Final Level. One member so appointed shall be designated chairman.
- c) The complainant shall be afforded an opportunity to appear before the panel. Complainant shall have a right to appoint a representative to appear on his/her behalf. The panel shall review the Designated Coordinator's written response and may conduct interviews and seek advice as it deems appropriate.
- d) Upon reaching a concurrence, the panel shall make recommendations in writing to the Director as to the proper resolution of the grievance. All recommendations shall include reasons for such recommendations and shall bear the signatures of the concurring panel members. A dissenting member of the panel may make a recommendation to the Director in writing and shall also sign such recommendation.
- e) Upon receipt of recommendations from a panel, the Director shall approve, disapprove, or modify the panel recommendations, shall render a decision thereon in writing, shall state the basis therefor, and shall cause a copy of the decision to be served on the parties. The Director's decision shall be final. If the Director disapproves or modifies the panel recommendations, the Director shall include written reasons for such disapproval or modification.
- f) The Grievance Form, the Designated Coordinator's response, the statement of reasons for dissatisfaction, the recommendations of the panel, and the decision of the Director shall be maintained in accordance with the State Records Act (Ill. Rev. Stat. 1991, ch. 116, par. 43.4 et seq.) [5 ILCS 160/1 et seq.].

Section 925.150 Accessibility

The Agency shall ensure that all stages of the Procedure are readily accessible to and usable by individuals with disabilities.

Section 925.160 Case-by-Case Resolution

Each grievance involves a unique set of factors that includes but is not limited to: the specific nature of the disability; the essential eligibility requirements, the benefits to be derived, and the nature of the service, program, or activity at issue; the health and safety of others; and whether an accommodation would constitute a fundamental alteration to the program, service, or activity or undue hardship on the Agency. Accordingly, termination of a grievance at any level, whether through the granting of relief or

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otherwise, shall not constitute a precedent on which any other complainants should rely.

Section 925.APPENDIX A Grievance Form

GRIEVANCE FORM

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY

GRIEVANCE

DISCRIMINATION BASED ON DISABILITY

It is the policy of the Illinois Environmental Protection Agency to provide assistance in filling out this form. If assistance is needed, please ask.

NAME: _____

ADDRESS: _____

CITY, STATE AND ZIP CODE: _____

TELEPHONE NO.: _____

VOICE

TDD

Best Means and Time for Contacting: _____

Program, Service, or Activity to which Access was Denied or in which Alleged Discrimination occurred: _____

Nature of Alleged Discrimination: _____

(Attach additional sheets, if necessary. If the grievance is based on a denial of a requested reasonable modification, please fill out the following page.)

I certify that I am qualified or otherwise eligible to participate in the program, service, or activity and the above statements are true to the best of my knowledge and belief.

Signature _____

Date _____

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Please fill out this part of the form if this grievance is based on the denial of a requested reasonable modification. Reasonable modifications could include such things as providing auxiliary aides and devices and changing some policies and/or requirements to allow an individual with a disability to participate. This form should be filled in to the extent you know the answers. It may be submitted even if incomplete.

Reasonable Modification Requested:

The Date the Reasonable Modification was Requested:

The Person to whom the Request was Made:

The Reason for the Denial:

Estimated Cost of Modification (If an Assistance Device, such as a TDD or Optical Reader, or Commodity, or Service to which a Cost is Readily Known):

Why is the requested modification necessary to use or participate in the program, service, or activity?

Alternative modifications which may provide accessibility:

Any other information you believe will aid in a fair resolution of this grievance:

Please give to the Designated Coordinator of the Americans With Disabilities Program.

Date Received: _____

For Office Use Only

By: _____

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF ADOPTED RULE

- 1) Heading of Part: Infertility Coverage
2) Code Citation: 50 Ill. Adm. Code 2015

3) Section Number:Adopted Action:

2015.10 New Section
2015.20 New Section
2015.30 New Section
2015.40 New Section
2015.50 New Section
2015.60 New Section

- 4) Statutory Authority: Implementing Section 356m of the Illinois Insurance Code, entitled Infertility Coverage (215 ILCS 5/356m) and Section 5-3 of the Health Maintenance Organization Act (215 ILCS 125/5-3) and authorized by Section 401 of the Illinois Insurance Code (215 ILCS 5/401).

- 5) Effective Date of Rule: May 20, 1993

- 6) Does this rulemaking contain an automatic repeal date? No

- 7) Does this Rule contain incorporations by reference? No

- 8) Date filed in Agency's Principal Office: 05/18/1993

- 9) Notice of Proposal Published in Illinois Register:

January 1, 1993, 17 Ill. Reg. 696

- 10) Has JCAR issued a Statement of Objections to this rule? No

- 11) Difference(s) between proposal and final version:

a) The parenthetical citation to the new Illinois Compiled Statutes has been made throughout the text of this rule.

b) Section 2015.20 - On the fifth line, the comma following "are" has been deleted.

c) Section 2015.30 - A definition of "Sexual Intercourse" has been added.

d) Section 2015.50(a) - On the first line "may" has been

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changed to "shall."

- e) Section 2015.60(f) - New text has been added to this subsection to read as follows:

"Travel costs for travel within one hundred (100) miles of the member's home address as filed with the insurer or health maintenance organization, travel costs not medically necessary, not mandated or required by the insurer or health maintenance organization;"

- f) Section 2015.60(g) - On the fourth line, a comma has been added following the word "are." On line eleven, "written" has been added following "the." Also, on line thirteen, following the end of the third sentence, a new fourth sentence has been added to read as follows:

"These entities will provide such determinations for specific procedures or treatments only and will not provide determinations on the appropriateness of a procedure or treatment for a specific individual."

- 12) Have all changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR?
Yes

- 13) Will this Rule replace an emergency rule currently in effect? No

- 14) Are there any amendments pending on this Part? No

- 15) Summary and Purpose of rulemaking: This Part will establish standards for infertility coverage pursuant to Section 356m of the Illinois Insurance Code (215 ILCS 5/356m).

- 16) Information and questions regarding this adopted Rule shall be directed to:

David Grant (or) Mary Pietruszka
Department of Insurance
320 West Washington
Springfield, Illinois 62767

The full text of the Adopted Rule begins on the next page.

DEPARTMENT OF INSURANCE

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TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF INSURANCE

SUBCHAPTER Z: ACCIDENT AND HEALTH INSURANCE

PART 2015

INFERTILITY COVERAGE

Section	Purpose
2015.10	Applicability and Scope
2015.20	Definitions
2015.30	Oocyte Retrieval Limitation
2015.40	Minimum Benefit Standards
2015.50	Permissible Exclusions

AUTHORITY: Implementing Section 356m of the Illinois Insurance Code, entitled Infertility Coverage (Ill. Rev. Stat. 1991, ch. 73, par. 968m) [215 ILCS 5/356m] and Section 5-3 of the Health Maintenance Organization Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 1411.2)[215 ILCS 125/5-3] and authorized by Section 401 of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 1013) [215 ILCS 5/401].

SOURCE: Adopted at 17 Ill. Reg. 8170, effective May 20, 1993.

Section 2015.10 Purpose

The purpose of this Part is to establish uniform definitions of terms associated with infertility coverage and to establish minimum benefit standards for infertility coverage to be provided in this State.

Section 2015.20 Applicability and Scope

This Part shall apply to all group accident and health insurance policies and health maintenance organization group contracts which provide pregnancy related benefits for employees of an employer which has more than 25 employees at the time of issue or renewal thereof, and which are issued, amended, delivered or renewed in this State on or after the effective date of this Part.

Section 2015.30 Definitions

Artificial Insemination (AI) means the introduction of sperm into a woman's vagina or uterus by noncoital methods, for the purpose of conception.

Assisted Reproductive Technologies (ART) means treatments and/or procedures in which the human oocytes are retrieved and the human oocytes and/or embryos are manipulated in the laboratory. ART shall

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include prescription drug therapy used during the cycle where an oocyte retrieval is performed.

Embryo means a fertilized egg that has begun cell division and has completed the pre-embryonic stage.

Embryo Transfer means the placement of the pre-embryo into the uterus or, in the case of zygote intrafallopian tube transfer, into the fallopian tube.

Gamete means a reproductive cell. In a man, the gametes are sperm; in a woman, they are eggs or ova.

Gamete Intrafallopian Tube Transfer (GIFT) means the direct transfer of a sperm/egg mixture into the fallopian tube. Fertilization takes place inside the tube.

Infertility means the inability to conceive after one year of unprotected sexual intercourse or the inability to sustain a successful pregnancy. Section 356m(c) of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 968m) [215 ILCS 5/356m(c)].

Infertility Coverage means insurance or health maintenance organization coverage required by Section 356m of the Illinois Insurance Code (Ill. Rev. Stat. 1991, ch. 73, par. 968m) [215 ILCS 5/356m] for the diagnosis and treatment, including prescription drug therapy, of infertility.

In Vitro Fertilization (IVF) means a process in which an egg and sperm are combined in a laboratory dish where fertilization occurs. The fertilized and dividing egg is transferred into the woman's uterus.

Low Tubal Ovum Transfer means the procedure in which oocytes are transferred past a blocked or damaged section of the fallopian tube to an area closer to the uterus.

Oocyte means the female egg or ovum, formed in an ovary.

Oocyte Retrieval means the procedure by which eggs are obtained by inserting a needle into the ovarian follicle and removing the fluid and the egg by suction. Also called ova aspiration.

Pregnancy Related Benefit means benefits that cover any related medical condition that may be associated with pregnancy, including complications of pregnancy.

Sexual Intercourse means sexual union between a male and a female.

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Uterine Embryo Lavage means a procedure by which the uterus is flushed to recover a preimplantation embryo.

Zygote means a fertilized egg before cell division begins.

Zygote Intrafallopian Tube Transfer (ZIFT) means a procedure by which an egg is fertilized in vitro and the zygote is transferred to the fallopian tube at the pronuclear stage before cell division takes place. The eggs are harvested and fertilized on one day and the embryo is transferred at a later time.

Section 2015.40 Oocyte Retrieval Limitation

For treatments that include oocyte retrievals, coverage for such treatments is not required if the covered individual has already received four completed oocyte retrievals, per lifetime of said individual; except that if a live birth follows a completed oocyte retrieval, then coverage is required for two additional completed oocyte retrievals.

Section 2015.50 Minimum Benefit Standards

- a) A unique copayment or deductible shall not be applied to coverage for ART or for prescription drug therapy used in conjunction with ART;
- b) All diagnosis and treatment for the disease infertility shall be covered the same as any other illness or condition under the contract.

Section 2015.60 Permissible Exclusions

- a) Reversal of voluntary sterilization;
- b) Payment for medical services rendered to a surrogate for purposes of child birth;
- c) Costs associated with cryo preservation and storage of sperm, eggs, and embryos; provided, however, subsequent procedures of a medical nature necessary to make use of the cryo preserved substance shall not be similarly excluded if deemed non-experimental and non-investigational;
- d) Selected termination of an embryo; provided, however, that where the life of the mother would be in danger were all embryos to be carried to full term, said termination shall be covered;
- e) Non-medical costs of an egg or sperm donor;
- f) Travel costs for travel within one hundred (100) miles of the members' home address as filed with the insurer or health maintenance organization, travel costs not medically necessary, not mandated or required by the insurer or health maintenance organization;
- g) Infertility treatments deemed experimental in nature. However, where infertility treatment includes elements which are not experimental in nature along with those which are, to the extent services may be delineated and separately charged, those services which are not

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experimental in nature shall be covered. No insurer or HMO required to provide infertility coverage shall deny reimbursement for an infertility service or procedure on the basis that such service or procedure is deemed experimental or investigational unless supported by the written determination of the American Fertility Society or the American College of Obstetrics. These entities will provide such determinations for specific procedures or treatments only and will not provide determinations on the appropriateness of a procedure or treatment for a specific individual. Coverage is required for all procedures specifically listed in Section 356m of the Illinois Insurance Code, entitled Infertility Coverage (Ill. Rev. Stat. 1991, ch. 73, par. 968m) [215 ILCS 5/356m], regardless of experimental status.

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- 1) The Heading of the Part: Plugging and Restoration Contracts
- 2) Code Citation: 44 Ill. Adm. Code 610
- 3)

<u>Section Numbers</u>	<u>Adopted Action</u>
610.100	New
610.110	New
610.120	New
610.200	New
610.210	New
610.220	New
610.230	New
610.240	New
610.250	New
610.260	New
610.270	New
610.280	New
610.300	New
610.310	New
610.320	New
610.330	New
610.340	New
610.350	New
- 4) Statutory Authority: Implementing and authorized by Section 19.6 of the Illinois Oil and Gas Act. (225 ILCS 725/19.6).
- 5) Effective Date of Amendments: May 25, 1993
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: May 25, 1993
- 9) Notice of Proposed Amendments Published in Illinois Register: 17 Ill. Reg. 1697 - February 16, 1993
- 10) Has JCAR issued a Statement of Objections to these rules? No
- 11) Difference(s) between proposal and final version:

- 1) In the Table of Contents, "Section" has been placed at the head of the column for the Section numbers in each Subpart; and each section number has been listed under these columns without repeating the word "Section"; Section 610.230, "Bids" has been capitalized.
- 2) In the Authority note, "1991" has been placed behind the

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Ill. Rev. Stat. cite.

- 3) Section 610.100, all definitions have been indented 10 spaces to the right; definitions have been placed in alphabetical order; and the Ill. Rev. Stat. citation has been placed in parenthesis and the ILCS cites in brackets in the definition of "PRF"; a period has been placed at the end of the definition of "Department"
- 4) Section 610.120(b) and (e), "section" has been changed to "Section"; 610.120(d)(1), "for whom" has been added after "entities", and a "," has been added after the word "projects".
- 5) Section 610.210, a ";" has been added after the word "restored"; and the word "and" has been added after the word "well".
- 6) Section 610.330(a) and (c), "section" has been changed to "Section".
- 7) Section 610.350, "standard procurement rules" has been changed to "Standard Procurement Rules".
- 12) Have all changes agreed upon by JCAR and the agency been made as indicated in the agreement letter issued by JCAR to the agency? Yes

13) Will these Amendments replace an Emergency Amendment currently in effect?
No

14) Are there any amendments pending on this part? No

15) Summary and Purpose of Rule(s):

The Department is proposing rules on soliciting bids from qualified vendors for the plugging and restoration of wells under the Department's Plugging and Restoration Fund. The rules would provide for the maintenance of prequalified bid list, the requirements for prequalification, the form of bid solicitations, the method of evaluating bids, contractual provisions, and the adoption of CMS standard procurement rules.

16) Information and questions regarding these adopted amendments shall be directed to:

Name: John C. Henriksen
General Counsel

Address: 300 W. Jefferson, Suite 300
P.O. Box 10137
Springfield, IL 62791-0137

DEPARTMENT OF MINES AND MINERALS
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Telephone: (217) 782-0125

The full text of the Adopted Amendments begin on the next page:

DEPARTMENT OF MINES AND MINERALS

NOTICE OF ADOPTED RULES

TITLE 44: GOVERNMENT CONTRACTS, PROCUREMENT AND
PROPERTY MANAGEMENT
SUBTITLE B: SUPPLEMENTAL PROCUREMENT RULES
CHAPTER VIII: DEPARTMENT OF MINES AND MINERALS

PART 610

PLUGGING AND RESTORATION CONTRACTS

SUBPART A: GENERAL PROVISIONS

Section

610.100 Definitions
610.110 Incorporation of rules
610.120 Prequalification of Bidders

SUBPART B: STANDARD PROJECTS

Section

610.200 Applicability
610.210 Scope
610.220 Work to be performed
610.230 Invitation for Bids
610.240 Notification of vendors
610.250 Content of the Invitation of Bids
610.260 Evaluation of Bids
610.270 Negotiation
610.280 Contract terms

SUBPART C: EMERGENCY PROJECTS

Section

610.300 Applicability
610.310 Scope
610.320 Work to be performed
610.330 Contracts for Individual Emergency Projects
610.340 Regional Contracts
610.350 Contract terms

SOURCE: Implementing and authorized by Section 19.6 of the Illinois Oil and Gas Act (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5430.1)(225 ILCS 725/19.6).

AUTHORITY: Adopted at 17 Ill. Reg. 8176, effective
May 25, 1993.

SUBPART A: GENERAL PROVISIONS

Section 610.100 Definitions

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"Bid List"--means the list of prequalified bidders compiled and maintained by the Illinois Department of Mines and Minerals.

"CMS"--means the Illinois Department of Central Management Services.

"CMS Standard Procurement Rules"--means the standard procurement rules of the Illinois Department of Central Management Services as codified under 44 Ill. Adm. Code 1.100 et seq.

"Department"--means the Illinois Department of Mines and Minerals.

"Emergency Project"--means an emergency well plugging or emergency remedial work PRF Project.

"Emergency Remedial Work"--means remedial work to repair or contain leaks from production equipment, pits, or other containment structures of oil or saltwater that are contaminating surface waters or are flowing in sufficient quantity to create an increasing area of contamination on the surface of the land.

"Emergency Well Plugging"--means a well or wells that are actively flowing oil or saltwater and are contaminating surface waters or flowing in sufficient quantity to create an increasing area of contamination on the surface of the land, or a well leaking natural gas or H(2)S in sufficient quantity to endanger public safety or create a fire hazard.

"IFB"--means an invitation for bids whereby the Department solicits bids from vendors for the completion of a PRF Project. Bids may be solicited for proposed unit prices, such as for bags of cement and rig time, or for completion of an entire project, or both.

"PRF"--means the Department's Plugging and Restoration Fund as established under Section 6 of the Illinois Oil and Gas Act, (Ill. Rev. Stat. 1991, ch. 96 1/2, par. 5401 et seq). (225 ILCS 725/1)

"PRF Project"--means a Standard Project or Emergency Project funded by the Plugging and Restoration Fund.

"Secretary of State"--means the Secretary of State of the State of Illinois.

"Standard Project"--means a PRF Project that has not been determined by the Department to be an Emergency Project.

"Supervisor"--means the Supervisor of the Oil and Gas Division of the Department of Mines and Minerals.

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Section 610.110 Incorporation of rules

The Department hereby adopts the CMS Standard Procurement Rules. Inasmuch as the rules of this Part may differ, however, the rules of this Part shall govern.

Section 610.120 Prequalification of Bidders

- a) The Department shall maintain a list of prequalified bidders. A vendor on the bid list shall be presumed to be a responsible bidder.
- b) Any vendor not on the bid list may be determined to be a responsible bidder for a particular project if at the time of contract award the vendor meets the criteria for prequalification set out under this Section, including having submitted a complete request for placement on the bid list as provided herein.
- c) Any vendor may request at any time to be prequalified and placed on the bid list by completing a request on a form prescribed by the Department and signing the written request. If the vendor is a business entity, such as a corporation, the request must be signed by a person authorized to enter into contracts on behalf of that entity.
- d) The request shall contain the following information:
 - 1) A summary of the vendor's plugging and restoration experience, including a description of the five most recent plugging and restoration projects the vendor has performed and the names and addresses of the persons or entities the vendor performed such work. If the vendor has not performed five such projects, then the vendor shall so state.
 - 2) All plugging and restoration equipment the vendor owns. If the vendor does not own all the equipment that may be generally needed on a plugging and restoration project the vendor must state from whom and under what arrangement, e.g. by lease, the vendor shall obtain the necessary equipment.
 - 3) The location of the vendor's home office, from which all applicable mileage is to be calculated.
 - 4) Certifications as required by Illinois law for any contract with the State of Illinois.
 - 5) If a business entity, the vendor shall also identify the principal owners and officers of the vendor and the nature of the vendor's organization, for instance whether it is incorporated. If the vendor is a corporation the vendor must identify the state in which it is incorporated, if incorporated in Illinois whether it is presently in good standing with the Secretary of State's office, and if incorporated in another state whether it is currently authorized to do business in Illinois.
 - 6) The vendor's Federal Taxpayer Identification Number.
 - 7) Whether there is currently a Director's Decision of the

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Department outstanding against the vendor, under which the vendor is currently in violation of any law or regulation administered by the Department, and if so what violations and the date on which the violations shall be abated.

e) Upon receipt of a request for inclusion on the Department's bid list the Department shall review the request to determine whether the vendor is responsible. The Department may require the vendor submit additional information the Department may need to knowledgeably make the determination of responsibility under subsection (f) of this Section.

f) The Department shall determine that a vendor is responsible if the vendor has submitted a complete request in compliance with this Subpart and based on the information contained in the request, any additional information supplied by the vendor, and the records of the Department, the Department finds that the vendor:

- 1) Has adequate experience to properly perform plugging and restoration work. A vendor shall be presumed adequately experienced if it has successfully performed plugging and restoration projects on at least five wells.
- 2) Has adequate equipment available to perform plugging and restoration work. The vendor must own at a minimum a rig sufficient to set cement as required by the Department to properly plug wells, set bridge plugs, and shoot and pull casing. The Department may inspect the equipment of the vendor to determine the adequacy of the equipment.
- 3) Has access to, either through lease or ownership, adequate equipment, in addition to a rig, to perform plugging and restoration work.
- 4) Does not have outstanding against it a Director's Decision, under which the vendor is currently in violation of any law or regulation administered by the Department, or is owned or operated by individuals who are so in violation, such that the vendor would be prohibited from receiving a permit from the Department.
- 5) If an Illinois corporation, is currently in good standing with the Secretary of State's office, and if a foreign corporation is currently authorized to do business in the State of Illinois.
- 6) Certifies it can, and will, comply with all applicable State laws and regulations.
- g) If any information supplied by the vendor on its request form materially changes such that the information is no longer true, the vendor shall immediately report such change to the Department.
- h) A vendor may be removed from the bid list if:
 - 1) The vendor fails to adequately perform the work required under any PRF Project. The Department shall make its determination under this subsection on the basis of the quality and timeliness of the work, and the compliance with the directives

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- from the Department's site manager in performing any PRF project.
- 2) The vendor no longer meets the requirements for being placed on the bid list.
 - 3) The vendor fails to inform the Department of a material change in the information supplied in the request.
 - 4) Any statement of the vendor on the request is discovered to be false.

SUBPART B: STANDARD PROJECTS

Section 610.200 Applicability

The rules of this Subpart apply to Standard Projects.

Section 610.210 Scope

A Standard Project may include one or more particular wells to be plugged and sites to be restored, a single leasehold on which all wells are to be plugged, well sites to be restored and lease site to be restored, or several lease sites on which all wells are to be plugged, well and lease sites to be restored.

Section 610.220 Work to be performed

The Department shall have the discretion to determine what plugging and restoration work shall be done under any particular project and may reserve the authority to modify the work to be performed during the course of the project.

Section 610.230 Invitation for Bids

Based on the nature of the particular project, the information available regarding the wells to be plugged, and all other relevant criteria, the Department may in its discretion seek bids on a particular project either on the basis of a single price for completion of the entire project or on the basis of itemized prices for the various services and equipment necessary for completion of the project, or both.

Section 610.240 Notification of Vendors

Vendors currently on the Department's prequalified bid list shall receive a copy of the IFB. The Department shall also notify the public by posting a notice in the state newspaper as provided in the Department of Central Management Services standard procurement rules. Any vendor, whether or not on the bid list, may upon specific request by the vendor receive a copy of a particular IFB.

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Section 610.250 Content of the Invitation for Bids

The IFB shall contain the following information:

- a) The location of the wells to be plugged.
- b) The work to be performed at each well and lease site.
- c) The manner in which a vendor must make its bid or proposal.
- d) The date, time and place where the bids or proposals are to be opened.
- e) Whether the vendor must itemize unit prices.
- f) The terms that the Department intends to incorporate into the ultimate contract for completion of the project, including any insurance and performance bond requirements.

Section 610.260 Evaluation of Bids

Bids shall be evaluated on the basis either of the price bid for the entire project or the unit prices, whichever is applicable. Where proposed unit prices are solicited, such as for bags of cement and hours of rig time, the Department shall evaluate each bid on the basis of the anticipated number of units to complete a given well plugging and lease site restoration in determining which proposal offers the lowest expected price. The responsible vendor proposing the lowest expected price shall be determined as offering the best responsible proposal.

Section 610.270 Negotiation

After determining the best bid the Department shall attempt to negotiate a contract with the vendor making such bid. Where the Department is unable to satisfactorily negotiate a contract with the vendor offering the best bid the Department may attempt to negotiate a contract with the vendor offering the next best bid.

Section 610.280 Contract terms

The contract shall be explicitly made in compliance with all applicable state laws and rules, including the CMS standard procurement rules not superseded by these rules, and shall contain provisions required by such laws and rules and any additional terms to which the parties have agreed.

SUBPART C: EMERGENCY PROJECTS

Section 610.300 Applicability

The rules of this Subpart apply to Emergency Projects.

Section 610.310 Scope

An emergency project may include emergency well plugging or emergency remedial

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work.

Section 610.320 Work to be performed

The Department shall have the discretion to determine what plugging and restoration or remedial work shall be done under any particular project covered by this Subpart and may reserve the authority to modify the work to be performed during the course of the project.

Section 610.330 Contracts for Individual Emergency Projects

- a) If the Department has not established a regional contract under Section 610.340 of this Part to cover the region wherein a particular emergency project is located, then the Department may award a contract for that emergency project pursuant to the requirements of this Section.
- b) The Department may obtain a contract for an individual emergency project by direct negotiation. For such contracts the Department may restrict negotiations to a vendor on the bid list that has its home office in the county where the project is to be located, or where there are no such vendors to the vendor whose home office is located in a county nearest to the county where the project is to be located.
- c) Where the Department is unable to negotiate a satisfactory contract with the nearest vendor as determined under subsection (b) above the Department may choose to negotiate a contract directly with the next nearest vendor on the bid list.
- d) The provisions of this Section are not intended to limit the Department's authority to choose to solicit competitive bids or proposals from all vendors on the bid list where the exigencies of the emergency allow.

Section 610.340 Regional Contracts

- a) The Department may award a contract for all emergency projects arising within a particular geographical region and within a particular period of time. Such regional contracts shall be bid out by means of an IFB submitted to all vendors on the bid list.
- b) After determining the best proposal the Department shall attempt to negotiate a contract with the vendor making such bid.
- c) The IFB shall contain the following information:
 - 1) The counties to be covered by the proposed regional contract.
 - 2) The work generally to be performed under each emergency well plugging project and each emergency remedial work project.
 - 3) The manner in which a vendor must make its proposal.
 - 4) The date, time and place where the proposals are to be opened.
 - 5) The terms that the Department intends to incorporate into the ultimate contract for completion of the project.

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- d) Vendors currently on the Department's prequalified bid list shall receive a copy of the IFB. The Department shall also notify the public by posting a notice in the state newspaper as provided in the CMS Standard Procurement Rules. Any vendor, whether or not on the bid list, may upon specific request receive a copy of a particular IFB.
- e) Bids shall be evaluated on the basis either of the price bid for the entire project or the unit prices, whichever is applicable. Where proposed unit prices are solicited, such as for bags of cement and hours of rig time, the Department shall evaluate each bid on the basis of the anticipated number of units to complete a given well plugging and lease site restoration in determining which proposal offers the lowest expected price. The responsible vendor proposing the lowest expected price shall be determined as offering the best responsible proposal.
- f) After determining the best proposal the Department shall attempt to negotiate a contract with the vendor making such proposal.

Section 610.350 Contract terms

The contract shall be explicitly made in compliance with all applicable state laws and rules, including the CMS Standard Procurement Rules not superceded by these rules, and shall contain provisions required by such laws and rules and any additional terms to which the parties have agreed.

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Collections And Recoveries
- 2) Code Citation: 89 Ill. Adm. Code 165
- 3) Section Number: Adopted Action:
165.70 Amendment
- 4) Statutory Authority: Sections 11-18, 12-4.4 and 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 11-18, 12-4.4 and 12-13) [305 ILCS 5/11-18, 5/12-4.4 and 5/12-13]
- 5) Effective Date of Amendments: May 24, 1993
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: May 24, 1993
- 9) Notice of Proposal Published in Illinois Register:
February 19, 1993 (17 Ill. Reg. 2110)
- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No
- 11) Differences between proposal and final version: No substantive changes were made to the text of the Amendments.
- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes
- 13) Will these Amendments replace Emergency Amendments currently in effect? No
- 14) Are there any Amendments pending on this Part? Yes

Sections	Proposed Action	Illinois Register Citation
165.104	Amendment	April 30, 1993 (17 Ill. Reg. 6614)

- 15) Summary and Purpose of Amendments: These proposed amendments are necessary to align AFDC, AABD and GA recoupment of overpayment policies with Food Stamp recoupment of overpayment policies. Under current policy, financial assistance overpayments and Food Stamp overpayments are treated differently. AFDC, AABD and GA overpayments are recouped from any AFDC, AABD or GA case that includes a person, child or adult, who was in the original overpaid case while Food Stamp overpayments are only recouped from cases that contain an adult member of the overpaid case.

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Consequently, a financial assistance case may be subject to recoupment for overpaid financial assistance while the Food Stamp overpayment for the same case is not subject to recoupment because the adults associated with the Food Stamp overpayment are no longer in the household. As a result of these amendments, overpayments will only be recouped from AFDC, AABD and GA cases that contain an adult who received financial assistance in the case that was overpaid.

- 16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: Judy Umunna
Address: Bureau of Rules and Regulations
 Illinois Department of Public Aid
 100 South Grand Avenue East, Third Floor
 Springfield, Illinois 62762
Telephone: (217) 524-3215

The full text of the Adopted Amendments begins on the next page:

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NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER f: COLLECTIONS
PART 165
COLLECTIONS AND RECOVERIES
SUBPART A: GENERAL OVERPAYMENT PROVISIONS

Section
165.1
165.10
165.20
165.30
165.40
165.42
165.50

Incorporation By Reference
Overpayments
Determination of Financial Assistance Overpayments
Types of Food Stamp Overpayment Claims
Determination of Food Stamp Overpayments
Establishment of Claims for Food Stamp Overpayments
Suspension and Termination of Food Stamp Claims

SUBPART B: COLLECTION OF FINANCIAL ASSISTANCE
OVERPAYMENTS FROM CURRENT CASES

Section
165.70

Recoupment of Overpayments from Current Aid to Families with
Dependent Children (AFDC), Aid to the Aged, Blind or Disabled
(AABD) and General Assistance (GA) Cases

SUBPART C: COLLECTION OF FOOD STAMP OVERPAYMENTS FROM
CURRENTLY PARTICIPATING HOUSEHOLDS

Section
165.80
165.82
165.84
165.86
165.88

Initiating Collection from Currently Participating Households
Methods of Food Stamp Claim Repayment
Determination of Monthly Allotment Reductions
Failure to Respond to Initial Demand Letter
Failure to Comply with Repayment Schedule

SUBPART D: COLLECTION OF OVERPAYMENTS FROM NON-RECIPIENTS

Section
165.100
165.102
165.104
165.106

Collection of Overpayments from Persons Not Receiving Financial
Assistance or Food Stamps
Demand for Repayment
Methods of Involuntary Repayment
Effect of Return to Active Assistance Status

AUTHORITY: Implementing and authorized by Sections 11-18, 12-4.4 and 12-13 of

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the Illinois Public Aid Code (Ill. Rev. Stat. 1987 1991, ch. 23, pars. 11-18,
12-4.4 and 12-13) [305 ILCS 5/11-18, 5/12-4.4 and 5/12-13].

SOURCE: Recodified from 89 Ill. Adm. Code 102.100 and 102.110 and 89 Ill.
Adm. Code 121.200 through 121.208 at 10 Ill. Reg. 21094; amended at 11 Ill.
Reg. 10604, effective May 29, 1987; amended at 12 Ill. Reg. 18192, effective
November 4, 1988; amended at 13 Ill. Reg. 3843, effective March 17, 1989;
amended at 17 Ill. Reg. 8187, effective May 24, 1993.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE.

SUBPART B: COLLECTION OF FINANCIAL ASSISTANCE
OVERPAYMENTS FROM CURRENT CASES

Section 165.70 Recoupment of Overpayments from Current Aid to Families
with Dependent Children (AFDC), Aid to the Aged, Blind or
Disabled (AABD) and General Assistance (GA) Cases

a) When the Department determines that an AFDC, AABD or GA assistance
unit has received assistance to which it is not entitled, the
Department shall recoup the overpayment from:

- 1) the current assistance grant; or
- 2) the assistance grant case that now contains the former grantee
of the overpaid assistance case; or

- 3) the assistance grant case that now contains any adult member of
the overpaid assistance case. (For overpayments due to the
receipt of duplicate warrants, see 89 Ill. Adm. Code 117.20.)

b) The entire overpayment will be recouped in as short a time as
possible. However, the amount to be deducted for any one month shall
not reduce the family's or individual's total income and assets to an
amount less than 90% of the respective payment standard for a family
or individual of that size with no income. (For overpayments due to
the receipt of duplicate warrants, see 89 Ill. Adm. Code 117.20.)

c) For AFDC and GA, the family's or individual's total income shall
include all gross earned income, less the earned income disregard and
child care deduction if applicable, all unearned income, and all
assistance payments. For AABD, total income shall include net earned
income, all unearned income, and all assistance payments.

(Source: Amended at 17 Ill. Reg. 8187, effective May 24, 1993)

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- 1) Heading of the Part: Related Program Provisions
- 2) Code Citation: 89 Ill. Adm. Code 117
- 3) Section Number: Adopted Action:
117.15 New Section
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, par. 12-13) [305 ILCS 5/12-13]
- 5) Effective Date of Amendments: May 24, 1993
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Do these Amendments contain incorporations by reference? No
- 8) Date Filed in Agency's Principal Office: May 24, 1993
- 9) Notice of Proposal Published in Illinois Register:
February 19, 1993 (17 Ill. Reg. 2126)

- 10) Has JCAR issued a Statement of Objections to these Adopted Amendments? No
- 11) Differences between proposal and final version: No substantive changes were made to the text of the Amendments.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

- 13) Will these Amendments replace Emergency Amendments currently in effect?
Yes

- 14) Are there any Amendments pending on this Part? No

- 15) Summary and Purpose of Amendments: These proposed amendments specify that when financial aid is reduced or terminated due to the failure of the client to cooperate with the Department and the client, within ten (10) working days after the first day the financial aid would have been available, indicates his or her willingness to cooperate, the financial aid will be reinstated in full, retroactive to the date the change or termination of the grant occurred, provided the client is not otherwise ineligible for financial assistance for the period in question. This rulemaking eliminates the need for clients to reapply for assistance when their cases are cancelled due to failure to cooperate and avoids the loss of benefits and the inconvenience that a reapplication would entail.

- 16) Information and questions regarding these Adopted Amendments shall be directed to:

Name: Judy Umunna
Address: Bureau of Rules and Regulations
Illinois Department of Public Aid
100 South Grand Avenue East, Third Floor
Springfield, Illinois 62762
Telephone: (217) 524-3215

The full text of the Adopted Amendments begins on the next page:

DEPARTMENT OF PUBLIC AID

NOTICE OF ADOPTED AMENDMENTS

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF PUBLIC AID
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 117

RELATED PROGRAM PROVISIONS

Section

- 117.1 Incorporation By Reference
- 117.10 Payee For Financial Assistance
- 117.15 Reinstatement Upon Agreement to Cooperate
- 117.20 Replacement of Missing Warrants
- 117.30 Withholding of Rent (Repealed)
- 117.40 Recovery of Interim Assistance - Aid to the Aged, Blind or Disabled and General Assistance
- 117.50 Funerals and Burials
- 117.51 Funeral Home Services
- 117.52 Burial Expenses
- 117.53 Payment to Vendor(s)
- 117.54 Claims for Reimbursement
- 117.55 Submittal of Claims
- 117.60 Substitute Parental Care/Supplemental Child Care - AFDC, AABD and GA Family Cases
- 117.70 Charge for Replacement of Photo ID Cards (Repealed)
- 117.80 Direct Deposit of Recipients' Warrants
- 117.90 State Income Tax Match

AUTHORITY: Implementing Articles III, IV and VI and authorized by Section 12-13 of the Illinois Public Aid Code (Ill. Rev. Stat. 1991, ch. 23, pars. 3-1 et seq., 4-1 et seq., 6-1 et seq. and 12-13) [305 ILCS 5/3-1 et seq., 5/4-1 et seq., 5/6-1 et seq. and 5/12-13].

SOURCE: Filed and effective December 30, 1977; amended at 2 Ill. Reg. 31, p. 68, effective August 3, 1978; amended at 3 Ill. Reg. 38, p. 258, effective September 20, 1979; amended at 3 Ill. Reg. 41, p. 167, effective October 1, 1979; codified at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 16111, effective November 22, 1983; amended at 9 Ill. Reg. 3726, effective March 13, 1985; amended at 9 Ill. Reg. 4526, effective March 20, 1985; amended at 9 Ill. Reg. 8733, effective May 29, 1985; amended at 9 Ill. Reg. 10779, effective July 5, 1985; amended at 9 Ill. Reg. 16914, effective October 16, 1985; amended at 11 Ill. Reg. 4759, effective March 13, 1987; amended at 12 Ill. Reg. 2985, effective January 13, 1988; amended at 12 Ill. Reg. 13608, effective August 15, 1988; amended at 12 Ill. Reg. 14296, effective August 30, 1988; amended at 13 Ill. Reg. 3936, effective March 10, 1989; amended at 14 Ill. Reg. 780, effective January 1, 1990; amended at 14 Ill. Reg. 9488, effective June 1, 1990; amended at 15 Ill. Reg. 13533, effective August 29, 1991; amended at 16 Ill. Reg. 16644, effective October 23, 1992; emergency amendment at 17 Ill. Reg. 2368, effective February 8, 1993, for a maximum of 150 days; amended at

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17 Ill. Reg. 8191, effective May 24, 1993.

NOTE: CAPITALIZATION DENOTES STATUTORY LANGUAGE

Section 117.15 Reinstatement Upon Agreement to Cooperate

- a) Whenever financial aid is reduced or terminated due to the failure of the client to cooperate with the Department and the client, within ten (10) working days after the first day the financial aid would have been available, indicates his or her willingness to cooperate with the Department, the financial aid shall be reinstated in full, retroactive to the date the change or termination of the grant occurred, provided the client is not otherwise ineligible for financial assistance for the period in question.
- b) Failure to cooperate includes but is not limited to:
 - 1) failure to keep an appointment;
 - 2) failure to attend a meeting;
 - 3) failure to produce proof or verification of eligibility or need in response to a Department request to contact it; or
 - 4) failure to be available for a home visit.
- c) Whenever a client whose benefits have been reduced or terminated for failure to cooperate contacts the Department about the termination or reduction within ten (10) working days after the first day the financial aid would have been available, the Department shall inform the client that his/her financial assistance will be reinstated if he/she indicates a willingness to cooperate. The client shall be deemed willing to cooperate with the Department when he/she makes contact with the Department for the purpose of speaking to appropriate staff and indicating a willingness to cooperate.
- d) The client's willingness to cooperate shall be demonstrated by his/her willingness to attend a rescheduled appointment or meeting, producing needed proof or verification, agreeing to attempt to obtain needed proof or verification, asking for help in obtaining proof or verification or seeking whatever is needed to determine continued eligibility.
- e) If the client fails to cooperate a second time for the same reason after being reinstated once under this Section, assistance will not be reinstated again until the client actually cooperates. If the

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1) The Heading of the Part:

Emergency Medical Services Code

Section Numbers:

Adopted Action:

[illegible]

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535.750 Amendment
535.810 Amendment
535.1000 New Section

4) Statutory Authority:

The Emergency Medical Services (EMS) Systems Act
(Ill. Rev. Stat. 1991, ch. 111 1/2, par. 5501 et seq.)

Effective Date of Amendments: May 21, 1993

Does this Rulemaking Contain an Automatic Repeal Date? No

Does this Rulemaking Contain any Incorporations by Reference? No

Date Filed in Agency's Principal Office: May 21, 1993

Date Notice of Proposed Amendments was Published in the Illinois Register:

16 Ill. Reg. 10911 - July 10, 1992

10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to this Rulemaking: No

If Yes, Date Agency Response Submitted for Approval to ICAR:

Date Statement of Objection was Published in the Illinois Register:

11) Difference Between Proposal and Final Version:

The following sentence has been added at the end of Section 535.150(b)(3)(B)(vi) "If the portable suction unit is powered by pressurized oxygen in a cylinder, it will be attached to its own oxygen cylinder and not to the spare D or E cylinder intended for portable oxygen use."

Section 535.150(b)(4)(A) has been revised to read as follows: "Squeeze bag-valve-mask ventilation unit with adult size transparent mask and child size bag-valve-mask ventilation unit with child and infant size transparent masks."

Section 535.150(b)(4)(H) has been revised to read: "Airway, oropharyngeal - adult, child and infant sizes"

Section 535.150(b)(5)(BB) has been revised to read: "Impermeable red or biohazard-labelled isolation bag"

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Section 535.150(b)(5)(CC) has been revised to read: "Face protection through any combination of masks and/or eye protection and/or face shields".

In Section 535.150(d) subsections (1) through (4) and (4)(A) and (B) have been deleted and the remaining subsections have been renumbered to reflect the deletions.

In Section 535.150(f)(2) "EMT," has been added between "other" and "Field RN".

Section 535.210(m)(6)(E) has been deleted, because the subsection contained language concerning patient confidentiality that was redundant of subsection (m)(8)(G).

Section 535.210(m)(8)(B) and (C) have been deleted because these subsections contained language that was redundant of new subsection (o) concerning hospital bypass protocols.

In Section 535.1000(d)(3) "Associate Hospital EMS Coordinator" has been added after "Associate Hospital EMS Medical Director".

In the statutory citation at the end of Section 535.260(b)(4) "(c)" was added after "Section 13.2".

Various grammatical and technical changes recommended by the Administrative Code Division and the Joint Committee on Administrative Rules have been made.

12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?

All changes agreed upon by the Department and the Joint Committee on Administrative Rules have been made.

13) Will the Amendments Replace an Emergency Rule Currently in Effect? No

14) Are there any other Amendments Pending on this Part? No

15) Summary and Purpose of Amendments:

This rulemaking amends the Emergency Medical Services Code to simplify the process of changing the level of service of an ambulance vehicle and amending an EMS System Plan. The rulemaking also adds a requirement that EMS Systems develop written bypass protocols in accordance with Public Act 86-1451. In addition, the provisions of several other public acts are implemented in this rulemaking, including: Public Act 87-568, which specifies that no sponsorship or employment shall be required for training or holding licensure as an Emergency Medical Technician - Intermediate; Public Act 87-499, which requires that, if a BLS ambulance estimated response time is more than five minutes, the dispatcher must inform the caller of the estimated time of arrival of the ambulance; Public Act 87-589, which replaces the terms "certification", "certify" and "recertify" with "license", "licensure", "relicense", and

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"relicensure"; and Public Act 87-567, concerning durable power of attorney for health care.

- 16) Information and Questions Regarding this Adopted Rulemaking shall be directed to:

Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 (217)782-6187.

The full text of the Adopted Amendments begins on the next page:

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 535
EMERGENCY MEDICAL SERVICES CODE

SUBPART A: GENERAL

Section
535.10 Definitions
535.20 Incorporated Materials

SUBPART B: COMMUNICATIONS

Section
535.50 General Communications
535.60 EMS Systems Communications

SUBPART C: LICENSURE OF AMBULANCE SERVICE PROVIDERS

Section
535.100 Licensure of Ambulance Service Providers- General
535.110 Denial, Nonrenewal, Suspension and Revocation of
Provider License
535.120 Renewal of License
535.130 Renewal of License Denied
535.140 Revocation of License
535.150 Ambulance Licensing Requirements

Service
Ambulance Service

SUBPART D: EMERGENCY MEDICAL SERVICES SYSTEM PROGRAM

Section
535.200 Emergency Medical Services System Program - General
535.210 EMS System Program Plan
535.215 Approval of Additional Drugs and Equipment
535.216 Automatic Defibrillation
535.217 Do Not Resuscitate (DNR) Policy
535.220 Additions to an Approved Program (Repealed)
535.230 EMS System Personnel Standards
535.240 Minimum Standards for Continuing Operation
535.250 Resolution of Conflicts (Repealed)
535.260 System Participation Suspensions
535.265 System Review Board
535.270 State EMS Disciplinary Review Board

General
Equipment
Policy
Program
Standards
Operation
Suspensions
Board

SUBPART E: EMERGENCY MEDICAL TECHNICIAN - AMBULANCE (EMT-A)

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Section	Emergency Medical Technician - Ambulance Training - General
535.300	EMT-A Testing
535.310	Fee For Testing
535.315	EMT-A Certification Licensure
535.320	EMT-A Recertification Relicensure
535.330	EMT-A Continuing Education
535.335	Failure to Recertify Renew - Denial of Recertification Relicensure
535.340	Penalty (Repealed)
535.350	

SUBPART F: EMERGENCY MEDICAL TECHNICIAN - INTERMEDIATE
(EMT-I)

Section	Emergency Medical Technician - Intermediate Training - General
535.400	EMT-I Testing
535.410	Fee For Testing
535.415	EMT-I Certification Licensure
535.420	EMT-I Recertification Relicensure
535.430	EMT-I Continuing Education
535.432	Failure to Recertify Renew - Denial of Recertification Relicensure
535.435	EMT-I Inactive Status
535.440	Penalty (Repealed)
535.450	

SUBPART G: EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC
(EMT-P)

Section	Emergency Medical Technician - Paramedic Training - General
535.500	EMT-P Testing
535.510	Fee For Testing
535.515	EMT-P Certification Licensure
535.520	EMT-P Recertification Relicensure
535.530	EMT-P Continuing Education
535.532	Failure to Recertify Renew - Denial of Recertification Relicensure
535.535	EMT-P Inactive Status
535.540	Penalty (Repealed)
535.550	

SUBPART H: RECIPROCITY

Section	Reciprocity
535.600	

SUBPART I: SUSPENSION, REVOCATION AND DENIAL OF CERTIFICATION
LICENSURE OF EMTs

Section	Suspension, Revocation and Denial of Certification Licensure of EMTs
535.650	

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SUBPART J: DATA COLLECTION AND EVALUATION

Section	Data Collection and Evaluation
535.700	

SUBPART K: WAIVER PROVISIONS

Section	Waiver Provisions
535.750	

SUBPART L: REGISTERED PROFESSIONAL NURSE (FIELD RN/MICN)

Section	General Provisions
535.800	Field RN Training
535.810	Field RN Testing
535.820	Field RN Approval
535.830	Field RN Renewal
535.840	MICN Training
535.850	MICN Approval
535.860	Reciprocity
535.870	

SUBPART M: CERTIFICATION OF SPECIALIZED EMERGENCY MEDICAL SERVICES VEHICLE
(SEMSV) PROGRAMS

Section	Certification of (SEMSV) Programs - General
535.900	Denial, Nonrenewal, Suspension or Revocation of Certification
535.910	SEMSV Program Certification Requirements for All Vehicles
535.920	Helicopter and Fixed-Wing Aircraft Requirements
535.930	EMS Pilot Specifications
535.931	Aeromedical Crew Member Training Requirements
535.932	Aircraft Vehicle Specifications and Operations
535.933	Aircraft Medical Equipment and Drugs
535.934	Vehicle Maintenance
535.935	Aircraft Communications and Dispatch Center
535.936	Watercraft Requirements
535.940	Watercraft Vehicle Specifications and Operation
535.941	Watercraft Medical Equipment and Drugs
535.942	Watercraft Communications and Dispatch Center
535.943	Off-Road SEMSV Requirements
535.950	Off-Road Vehicle Specifications and Operation
535.951	Off-Road Medical Equipment and Drugs
535.952	Off-Road Communications and Dispatch Center
535.953	

SUBPART N: ADMINISTRATIVE WARNINGS AND FINES

Section	Administrative Warnings and Fines
535.1000	

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AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 5501 et seq.).

SOURCE: Adopted at 5 Ill. Reg. 5670, effective May 19, 1981; amended and codified at 8 Ill. Reg. 11623, effective June 27, 1984; amended at 11 Ill. Reg. 1433, effective February 1, 1987; amended at 11 Ill. Reg. 17219, effective October 15, 1987; amended at 11 Ill. Reg. 20945, effective December 15, 1987; amended at 12 Ill. Reg. 22406, effective December 15, 1988; amended at 13 Ill. Reg. 15414, effective September 15, 1989; amended at 13 Ill. Reg. 15716, effective September 15, 1989; amended at 14 Ill. Reg. 15390, effective September 1, 1990; amended at 15 Ill. Reg. 5722, effective April 10, 1991; amended at 15 Ill. Reg. 18167, effective December 16, 1991; amended at 17 Ill. Reg. 8196, effective May 21, 1993.

SUBPART A: GENERAL

Section 535.10 Definitions

For the purposes of this Part:

"Act" means the Emergency Medical Services (EMS) Systems Act (Ill. Rev. Stat. 1989-and-1990 Supp. 1991, ch. 111 1/2, pars. 5501 et seq.).

"Administrative Hearing" means a hearing conducted by the Department pursuant to a Department action to deny, suspend or revoke an EMT license certification or an ambulance license, and in conformance with the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).

"Advanced Life Support-Mobile Intensive Care (ALS/MIC)(ALS)" means an advanced level of pre-hospital and inter-hospital emergency care that includes basic life support functions, (including cardiopulmonary resuscitation (CPR) plus cardiac monitoring, cardiac defibrillation, telemetered electrocardiography, administration of antiarrhythmic agents, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures) initiated for the treatment of real or potential acute life threatening conditions under the direction of a physician licensed to practice medicine in all of its branches or a Registered Professional Nurse/MICN or Registered Professional Nurse/Field RN, and where authorized by the Project Medical Director in an Illinois Department of Public Health approved advanced life support system. (Section 4.01 of the Act).

"Advanced Life Support-Mobile Intensive Care Services (ALS/MIC)(ALS)" means a hospital providing with the approval of the Illinois Department of Public Health (See Subpart D of this Part), pre-hospital emergency medical care through the use of advanced life support-mobile intensive care personnel, equipment and vehicles under the direction

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of a Project Medical Director. (Section 4.02 of the Act).

"Advanced Life Support Personnel" means persons engaged in the provision of advanced life support, as defined and regulated by this Part promulgated pursuant to the Act. (Section 4.03 of the Act).

"Aeromedical crew member" or "Watercraft crew member" or "Off-road SEMSV crew member" means an individual, other than an EMS pilot, who has been approved by a SEMSV Medical Director for specific medical duties in a helicopter or fixed-wing aircraft, on a watercraft, or on an off-road SEMSV used in a Department-certified SEMSV Program (See Sections 535.932(a) and (b), or 535.940(a)(8)(B) through (D), or 535.950(a)(7)(A) and (B) of this Part).

"Alternate Project Medical Director" or "Alternate PMD" means the physician who is designated by the Resource Hospital to direct the ALS/ILS operations in the absence of the Project Medical Director.

"Ambulance" means any publicly or privately owned vehicle that is specifically designed, constructed or modified and equipped, and is intended to be used for, and is maintained or operated for the emergency transportation of persons who are sick, injured, wounded or otherwise incapacitated or helpless (See Subpart C of this Part). (Section 4.05 of the Act).

"Ambulance Service Provider" or "Ambulance Provider" means any individual, group of individuals, corporation, partnership, association, trust, joint venture, individual doing business under an assumed name, unit of local government or other public or private ownership entity which owns and operates a business or service utilizing one or more ambulances or EMS vehicles for the transportation of emergency patients.

"Areawide Hospital Emergency Medical Services (AHES) Committees" means those bodies formed pursuant to Section 1.1 of the Hospital Emergency Service Act "AN-Act-requiring-hospitals-to-tender--hospital--emergency service--in-case-of-injury-or-acute-medical-condition-and-to-implement emergency-hospital--medical-and-surgical-services-on-a--community--or areawide-basis" (Ill. Rev. Stat. 1989 1991, ch. 111 1/2, par. 86.1), and in compliance with the Hospital Licensing Requirements (77 Ill. Adm. Code 250.730).

"Associate Hospital" means a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting the mobile intensive care personnel training program nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive

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Emergency Department with a 24-hour physician coverage. It must have a functioning Intensive Care Unit and/or a Cardiac Care Unit. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles.

"Associate Hospital EMS Coordinator" means the EMT-P or Registered Nurse at the Associate Hospital who shall be responsible for duties in relation to the ALS or ILS System, in accordance with the Department-approved EMS System Program Plan.

"Associate Hospital EMS Medical Director" means the physician at the Associate Hospital who shall be responsible for the day-to-day operations of the Associate Hospital in relation to the ALS or ILS System, in accordance with the Department-approved EMS System Program Plan.

"Basic Life Support (BLS) Services" means the rendering of basic level of pre-hospital and inter-hospital emergency care, including but not limited to airway management, cardiopulmonary resuscitation, control of shock and bleeding and splinting of fractures, as outlined in a basic emergency care course approved by the Department and meeting the current national curriculum of the United States Department of Transportation. (Section 4.06 of the Act).

"Central Communications System" means a radio and communications command and control center or centers responsible for accepting calls from the public for emergency medical services, for dispatching emergency medical services personnel and vehicles, for radio coordination of emergency medical services vehicles and personnel, for coordination of medical communications between emergency medical services personnel and public safety agencies, and where applicable, for coordination and management of radio frequencies devoted to biomedical telemetry. (Section 4.07 of the Act).

"Channel, Half-Duplex" means a radio channel that transmits and receives signals, but in only one direction at a time.

"Consumer" means a person in this State who is a recipient or potential recipient of the services provided by an emergency medical services system, who receives no direct or indirect personal, financial, or professional benefit as a result of an association with health care or emergency services other than that generally shared by the public at large, and who is not otherwise considered a provider under the provisions of this Act. (Section 4.08 of the Act).

"Department" means the Department of Public Health, State of Illinois. (Section 4.09 of the Act).

"Director" means the Director of the Department of Public Health,

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State of Illinois. (Section 4.10 of the Act).

"Dysrhythmia" means a variation from the normal electrical rate and sequences of cardiac activity, also including abnormalities of impulse formation and conduction.

"Effective Radiated Power (ERP)" means the power gain of a transmitting antenna multiplied by the net power accepted by the antenna from the connected transmitter.

"Electrocardiogram" means a single lead rhythm strip graphic recording of the electrical activity of the heart by a series of deflections which represent certain components of the cardiac cycle.

"Emergency" means a condition or situation in which an individual declares a need for immediate medical attention or when that need is declared by emergency medical personnel or a public safety official. (Section 4.11 of the Act).

"Emergency Medical Services (EMS) System or System" means an organization of providers which through a program plan submitted to and approved by the Department (pursuant to Subpart D of this Part) entitles a hospital to utilize qualified personnel specified in the Act to provide or coordinate pre-hospital and inter-hospital emergency care at an advanced or intermediate level, to victims of illness or injury within the area specified in the program plan. Advanced or intermediate level services may include the utilization of BLS level services. One hospital in each program plan must be designated as the resource hospital. All hospitals and ambulance providers participating in an EMS System must specify their level of participation in the program plan. (Section 4.18 of the Act).

"Emergency Medical Services System Survey" means a questionnaire which provides data to the Department for the purpose of compiling annual reports.

"Emergency Medical Services Vehicle (EMS vehicle)" means any vehicle used for BLS, ILS or ALS, as a special EMS unit or rescue vehicle, operating within an approved EMS System.

"Emergency Medical Technician-Ambulance or EMT-A" means a person who has successfully completed a course of instruction in basic life support services as required and is currently certified licensed by the Department in accordance with standards prescribed by the Act and this Part, who provides emergency medical services. (Section 4.12 of the Act).

"Emergency Medical Technician Intermediate" or "EMT-I" means an EMT-A currently certified licensed by the Department who has completed a

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Department approved course of instruction (pursuant to Subpart F of this Part) in specific advanced life support-mobile intensive care services and who is currently functioning in a program approved by the Department to provide such services under the supervision and control of a Project Medical Director. No sponsorship or employment shall be required for training or holding licensure as an EMT-I. (Section 4.15 of the Act).

"Emergency Medical Technician-Paramedic or "EMT-P" means a person who has successfully completed a Department approved course of instruction (pursuant to Subpart G) in advanced life support-mobile intensive care services and is currently certified licensed by the Department. No sponsorship or employment shall be required for training or holding certification license as an EMT-P. (Section 4.13 of the Act).

"EMS System Coordinator(s)" means the designated individual(s) responsible to the Project Medical Director and Project Director for coordination of the educational and functional aspects of the System program.

"EMS System Program Plan" means the document prepared by the Resource Hospital and approved by the Department which describes the EMS System program and directs the program's operation (see Subpart D of this Part).

"FCC" means the Federal Communications Commission.

"Fixed-wing aircraft" means an engine-driven aircraft that is heavier than air, and is supported in-flight by the dynamic reaction of the air against its wings.

"Health Systems Agency" means a health systems agency as defined in 42 USC 300 L-1 (a). (Section 4.14 of the Act).

"Helicopter" or "Rotorcraft" means an aircraft that is capable of vertical take-offs and landings, including maintaining a hover.

"Hospital" has the meaning ascribed to it in the Hospital Licensing Act (Ill. Rev. Stat. 1989 1991, ch. 111 1/2, par. 142 et seq.). (Section 4.04 of the Act).

"Instrument Flight Rules" or "IFR" means the operation of an aircraft in weather minimums below the minimums for flight under visual flight rules (VFR) (See General Operating and Flight Rules, 14 CFR 91.115 through 91.129).

"Instrument Meteorological Conditions (IMC)" means meteorological conditions expressed in terms of visibility, distance from clouds and ceiling which requires Instrument Flight Rules.

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Intermediate Life Support Care" or "ILS" means an intermediate level of pre-hospital and inter-hospital emergency care that includes BLS Care, plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures initiated for the treatment of real or potential acute life-threatening conditions, under the direction of a physician licensed to practice medicine in all of its branches or a Registered Professional Nurse/MICN or Registered Professional Nurse/Field RN and where authorized by the Project Medical Director in a Department approved EMS System. (Section 4.19 of the Act).

"Intermediate Life Support Services" means a hospital providing, with the approval of the Department (See Subpart D of this Part), pre-hospital and inter-hospital emergency medical care through the use of Intermediate Life Support mobile intensive care personnel, equipment and vehicles, under the direction of a Project Medical Director. (Section 4.20 of the Act).

"Mobile Radio" means a two-way radio installed in an EMS vehicle which may not be readily removed.

"Off-Road Specialized Emergency Medical Services Vehicle" or "Off-Road SEMSV" or "Off-Road SEMS Vehicle" means a motorized cart, golf cart, ATV (all-terrain-vehicle), or amphibious vehicle which is not intended for use on public roads.

"Participating Hospital" means a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which may or may not have monitoring capabilities and which receives patients transported by System EMS vehicles under the direction of the Project Director or PMD designee. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles.

"Physician" means any person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 (Ill. Rev. Stat. 1989 1991, ch. 111, pars. 4400-1 et seq.).

"Pilot" or "EMS Pilot" means a pilot certified by the Federal Aviation Administration who has been approved by a SEMSV Medical Director to fly a helicopter or fixed-wing aircraft used in a Department-certified SEMSV Program (See Section 535.931 of this Part).

"Portable Radio" means a hand-held radio which accompanies the user during the conduct of emergency medical services.

"Pre-Hospital Care" means those emergency medical services rendered to emergency patients for analytic, resuscitative, stabilizing, or preventive purposes, precedent to and during transportation of such

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patients to hospitals. (Section 4.16 of the Act).

"Pre-Hospital Care Provider or System Participant" means any EMT-A, I, P, Ambulance, Ambulance Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS System Coordinator, Associate Hospital EMS Coordinator, Associate Hospital EMS Medical Director, Field RN, MICN or Physician serving on an ambulance or giving voice orders over an EMS System and is subject to suspension by the Project Medical Director of that System in accordance with the policies of the EMS System Program Plan approved by the Department.

"Project Director" means the administrator, appointed by the Resource Hospital with the approval of the Project Medical Director, responsible for the administration of the EMS System.

"Project Medical Director" or "PMD" means the physician appointed by the Resource Hospital who has the responsibility and authority for total management of the EMS System. (See Sections 535.210(h) and 535.230(a) of this Part).

"Registered Nurse" or "Registered Professional Nurse" or "RN" means a person who is licensed as a professional nurse under The Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1989 1991, ch. 111, pars. 3501 et seq.)

"Registered Professional Nurse/Field RN" means a Registered Nurse, licensed under "The Illinois Nursing Act of 1987", as amended, (Ill. Rev. Stat. 1989 1991, ch. 111, pars. 3501 et seq.), who has been approved by the Project Medical Director in a Department-approved EMS System, and who has satisfactorily completed additional supplementary training including but not limited to courses in extrication, telemetry and communications, advanced cardiac life support, including defibrillation and intubation or its equivalent, and either trauma nurse specialist or nurse trauma life support or their equivalents as approved by the Project Medical Director (Section 4.21 of the Act).

"Registered Professional Nurse/MICN" or "Mobile Intensive Care Nurse" means a Registered Nurse, licensed under "The Illinois Nursing Act of 1987", as amended, (Ill. Rev. Stat. 1989 1991, ch. 111, pars. 3501 et seq.), who has satisfactorily completed the Mobile Intensive Care Nurse course, including training in telemetry and communication, advanced Cardiac Life Support, and a Pre-Hospital Trauma Support Course or its equivalent, as approved by the Department. (Section 4.21(a) of the Act).

"Resource Hospital" means the hospital with the authority and the responsibility for an EMS System as outlined in the Department-approved EMS System Program Plan (See Subpart D of this Part). The Resource Hospital, through the Project Medical Director,

assumes responsibility for the entire program including the clinical aspects, operations and educational programs. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles.

"SEMSV Medical Control Point" or "Medical Control Point" means the communication center from which the SEMSV Medical Director or his or her designee issues medical instructions or advice to the aeromedical, watercraft, or off-road SEMSV crew members.

"SEMSV Medical Director" or "Medical Director" means the physician appointed by the SEMSV Program who has the responsibility and authority for total management of the SEMSV Program, subject to the requirements of the EMS System of which the SEMSV Program is a part (See Section 535.920(e) of this Part).

"SEMSV Program" or "Specialized Emergency Medical Services Vehicle Program" means a program operating within an EMS System, pursuant to a program plan submitted to and certified by the Department, utilizing specialized emergency medical services vehicles to provide emergency transportation to sick or injured persons.

"Specialized Emergency Medical Services Vehicle" or "SEMSV" means a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in the Act. The term includes watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads (Section 4.30 of the Act). "Primarily intended", for the purposes of this definition, means one or more of the following:

Over fifty (50) percent (%) of the vehicle's operational (e.g. in-flight) hours are devoted to the emergency transportation of the sick or injured,
The vehicle is owned or leased by a hospital or ambulance provider and is utilized for the emergency transportation of the sick or injured,
The vehicle is advertised as a vehicle for the emergency transportation of the sick or injured,
The vehicle is owned, registered or licensed in another State and is utilized on a regular basis to pick up and transport the sick or injured within or from within this State, or
The vehicle's structure or permanent fixtures have been specifically designed to accommodate the emergency transportation of the sick or injured.

"State Emergency Medical Services Disciplinary Review Board" means a five-member board appointed by the Governor to review and affirm, reverse or modify the decision of a local system review board to

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affirm-or-reverse-a-Project-Medical-Director's order orders to suspend an EMT individual or other individual provider from participation within an EMS System (Section 10.2 of the Act) (See Sections 535.265 and 535.270 of this Part).

"System Participation Suspension" means the suspension from participation within an EMS System of an individual or individual provider, as specifically ordered by that System's Project Medical Director.

"System Review Board" or "Board" means a panel of individuals assembled within an EMS System for the purpose of reviewing a decision by the Project Medical Director to suspend from participation an EMT or other individual or individual provider participating within that System. The Board shall consist of four (4) voting members and a chairperson who shall vote only in the event of a tie. The Project Medical Director shall appoint as two (2) standing members of the Board, the System Project Director or designee and an emergency room physician from within the System who is not the Project Medical Director. The remaining two (2) voting members and chairperson shall be selected by the provider suspended-participant from a list provided by the Project Medical Director. That list shall consist of the names of six (6) providers from within the System who are in the same provider category and level as--the--suspended--participant. If the suspended-participant--is--a provider is in a category or level which consists of fewer less than six (6) other providers, he or she the suspended--participant may choose the two (2) voting members and chairperson from any of the System's provider lists.

"Telecommunications Equipment" means a radio capable of transmitting and/or receiving voice and electrocardiogram (ECG) signals.

"Telemetry" means the transmission of data by wire, radio, or other means from remote sources to a receiving station for recording and analysis.

"Unit Identifier" is a number assigned by the Department for each EMS vehicle in the State to be used in radio communications.

"Watercraft" means a nautical vessel, boat, aircraft, hovercraft or other vehicle that operates in, on or across water.

"911" means an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone to obtain emergency services including police, fire, medical ambulance and rescue.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

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Section 535.20 Incorporated Materials

The following regulations, standards and statutes are incorporated or referenced in this Part.

a) Federal guidelines, statutes and regulations:

- 1) U.S. Code 42, The Public Health and Welfare, 42 USC 300 L-1(a) (1991). (See Section 535.100.)
- 2) United States General Services Administration, Federal Specification For Ambulance, KKK-A-1822C (1985), which may be obtained from General Services Administration, Specifications Section, Room 6654, 7th and D Streets, S.W., Washington, D.C. 20407. (See Section 535.150.)
- 3) United States Department of Transportation, Emergency Medical Technician - Ambulance: National Standard Curriculum (1981), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (See Sections 535.215(a); 535.300(c) and (h); 535.310(a); 535.335(b); 535.400(c) and (h); 535.410(a); 535.420(a) and (b); 535.500(c) and (e); 535.510(a) and (d); and 535.530(d).)
- 4) United States Department of Transportation, Emergency Medical Technician - Intermediate: National Standard Curriculum (1985), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (See Sections 535.215(a); 535.216; 535.400(c) and (d); 535.410(a); 535.420(a) and (b); 535.430(b); and 535.432(b).)
- 5) United States Department of Transportation, Emergency Medical Technician - Paramedic: National Standard Curriculum (1985), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. (See Sections 535.215(a); 535.500(c) and (e); 535.510(a) and (d); 535.530(c); 535.532(b); 535.810(b) and (c); and 535.850(a) and (b).)
- 6) 47 CFR 90 (1988) (1990) (Section 535.60(a).)
- 7) Air Taxi Operations and Commercial Operators (14 CFR 135, 1988 (1990), Subparts A, Sections 135.1 through 135.43, B, Sections 135.61 through 135.125, C, Sections 135.141 through 135.185, D, Sections 135.201 through 135.229, E, Sections 135.241 through 135.247, F, Sections 135.261, J, Sections 135.411 through 135.443.)

b) State of Illinois Statutes:

- 1) Hospital Emergency Services Act (Ill. Rev. Stat. 1989 1991 and 1990-Supp., ch. 111 1/2, par. 86 et seq.). (See Section 535.10.)
- 2) Hospital Licensing Act (Ill. Rev. Stat. 1989 1991, ch. 111 1/2, par. 142 et seq.). (See Section 535.10.)
- 3) Medical Practice Act of 1987 (Ill. Rev. Stat. 1989 1991, ch. 111, par. 4400-1 et seq.). (See Section 535.10.)
- 4) The Illinois Nursing Act of 1987 (Ill. Rev. Stat. 1989 1991, ch. 111, par. 3501 et seq.). (See Section 535.10.)
- 5) Code of Civil Procedure (Ill. Rev. Stat. 1989 1991, ch. 110, par. 8-2101 et seq.). (See Section 535.700(g).)

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c) State of Illinois Regulations

- 1) Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100). (See Sections 535.140(d) and 535.250(g).)
- 2) Hospital Licensing Requirements (77 Ill. Adm. Code 250). (See Sections 535.10, 535.200(d) and 535.210(e).)
- d) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any additions or deletions subsequent to the date specified.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

SUBPART C: LICENSURE OF AMBULANCE SERVICE PROVIDERS

Section 535.100 Licensure of Ambulance Service Providers - General

- a) No person, either as owner, agent, or otherwise shall furnish, operate, conduct, maintain, advertise, or otherwise be engaged in the provision of an ambulance vehicle in the state State without a current ambulance service provider license issued pursuant to Subpart C of this Part by the Department, provided that the ambulance is not owned, operated, licensed or regulated by a unit of local government.
- b) An initial application for license shall be filed with the Department on a form prescribed, prepared and furnished by the Department. The application shall contain such information as, but not limited to, applicant name and address, and identification as to make, model, year, and vehicle identification number, and state vehicle license number, for each vehicle to be covered by the license.
- c) Each license shall be for a period of one year and shall expire one year from the date of issuance.
- d) The Department shall issue an annual license upon the receipt of a signed application, if requirements of the Act and this Part are met, as determined by the results of an inspection conducted by the Department pursuant to this Subpart.
- e) Each license shall be issued to the person named in the application for the vehicles identified in the application. The license shall not be assigned to any other person. The Department shall also issue a separate license certificate for each vehicle, which shall be posted in the vehicle at all times. Additional vehicles may be included within the license only after inspection by the Department pursuant to this Subpart. The licensee shall notify the Department, in writing, within ten (10) days if a vehicle covered by the license is permanently removed from service. Such notice shall include returning the license certificate for that vehicle.
- f) The Department shall have the right to make inspections and investigations as are necessary in order to determine the status of compliance with the provisions of the Act and this Part. Pursuant to any inspection or investigation, a licensee shall allow the Department

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access to all records, equipment and vehicles relating to activities required by the Act and this Part.

- g) Each vehicle covered by an ambulance service provider license shall be approved by the Department to operate at a specific level of service (BLS, ILS or ALS). In order to change the level of service for a specific vehicle:

- i) The licensee shall submit a written request to the Project Medical Director;
- 2) The Project Medical Director shall submit a copy of that request to the Department, along with written verification that the licensee meets the equipment and staffing requirements of this Part and the EMS System Plan for the requested level of service;
- 3) The Department shall then amend the provider license and vehicle certificate to reflect the new level of service.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.150 Ambulance Licensing Requirements

a) Vehicle Design

- 1) Each vehicle used as an ambulance after the effective date of this Part shall comply with the criteria established by the U.S. General Services Administration's Specification for Ambulance (KKK-A-1822C), with the exception of the following Sections: 1.2.1 Ambulance Type - "Star of Life"; 3.8.2 Ambulance Emergency Lighting; 3.16.2 Color, paint, and finish; 3.16.4 Emblems and Markings; and 3.22 as determined by the Department by an inspection.

- 2) Each vehicle that does not meet the U.S. General Services Administration's Ambulance Design Standards (KKK-A-1822C) as determined by the Department by an inspection, but is operational on the effective date of this Part shall be considered to be in compliance with this Part until there is a transfer of ownership.

- b) Equipment Requirements - Basic Life Support Vehicles
Each ambulance used as a Basic Life Support vehicle shall meet the following equipment requirements, as determined by the Department by an inspection:

- 1) Stretchers, Cots & Litters
 - A) Primary Patient Litter
 - i) Wheeled
 - ii) At least 75" to 80" long and 22" wide
 - iii) Allows for the head to be tilted upward to a 60 degree semi-sitting position
 - iv) Provided with a crash stable, quick release, 3 point fastener
 - v) Designed to insure the frame or handle to will permit up to four persons to carry the litter
 - B) Secondary Patient Litter

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- viii) Has 3 each tonsil tip suction handles or catheters, single-use
- viii) Can be disassembled for ease of cleaning and decontamination

A) Installed

- ii) Is powerful enough to provide an airflow of at least 12 liters per minute at the end of the suction tube, and a vacuum of at least 300 mm Hg (11.811 inches) to be reached within 12 seconds after tube is clamped
- iii) Has 3 each tonsil tip suction handles or catheters, single-use
- iiii) Is fitted with large-bore, non-kinking, translucent suction tubing with sufficient length so that unit does not have to be placed on top of patient
- iv) Has an unbreakable collection bottle capable of holding at least 500 ml
- v) Has 3 each sterile, single-use suction catheters with on/off control in small, medium and large sizes
- vi) Operates from an integral battery supply which is rechargeable or gas powered and will allow the unit to

(B)

- suction unit is powered by pressurized oxygen in a cylinder, it will be attached to its own oxygen cylinder and not to spare D or E cylinders intended for portable oxygen use.

3) Suction

- B) Lower-extremity traction splint, adult size
 - C) Blood pressure cuff, 1 each, adult and pediatric, and gauge
 - D) 2 each stethoscopes
 - E) Pneumatic counterpressure trouser kit, adult size
 - F) Long spine board with 2 each torso straps, 9 feet in length,
wrist-restraints 1 each chin and head strap
 - G) Short spine board with 2 each torso straps, 9 feet in
length, wrist-restraints 1 each chin and head strap or
vest type (wrap around) extrication device kit
 - H) Airway kits-select-one-☒ if Grapharyngeal Oropharyngeal--
adult, child and infant sizes
☒ Mouth-to-mouth-artificial-ventilation--adult--child
and-infant-sizes-commonly-referred-to-as "S"-tubes--or
resusci-tubes
 - I) Pocket-one-way-valved-airway
- j) Bandage shears, 1 each

4) Medical Equipment

- A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask and child size bag-valve-mask ventilation unit with child and infant size transparent masks in-sizes-for-adult, child/infant
- B) Lower-extremity traction splint, adult size
- C) Blood pressure cuff, 1 each, adult and pediatric, and gauge
- D) 2 each stethoscopes
- E) Pneumatic counterpressure trouser kit, adult size
- F) Long spine board with 2 each torso straps, 9 feet in length, wrist-restraints, 1 each chin and head strap
- G) Short spine board with 2 each torso straps, 9 feet in length, wrist-restraints, 1 each chin and head strap or vest type (wrap around) extrication device kit
- H) Airway kits-select-one-if it oropharyngeal oropharyngeal adult, child and infant sizes
- i) Mouth-to-mouth-artificial-ventilation---adult---child and infant sizes, commonly referred to as "s-u-tubes" or resuscitator tubes
- ii) Pocket-one-way-valved-airway
- j) Bandage shears, 1 each

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- J) Padded board splints, 2 each 15"x3" (or equivalent)
 K) Padded board splint, 1 each 4'6"x3" (or equivalent) and padded board splint, 3' x 3"
 L) Rigid cervical collars - 1 each, small, medium and large sizes. Shall be made of rigid material to minimize flexation, extension and lateral rotation of the head and cervical spine when spine injury is suspected
 M) Sand bags - 4 each, about 4 inches in width, 2 inches in thickness and 12 inches in length or lateral C-Spine and head immobilization device(s)
 N) Patient restraints, arm and leg, sets
 O) Hypothermic thermometer or electronic thermometer capable of aiding in the diagnosis of hypothermia - 1 each
- 5) Medical Supplies
 A) Trauma dressing - 6 each
 B) Sterile gauze pads - 20 each, 4 inches by 4 inches
 C) Bandages, soft roller, self adhering-type, 10 each, 6 inches by 5 yards
 D) Vaseline gauze - 2 each, 3 inches by 8 inches
 E) Adhesive tape rolls - 2 each
 F) Triangular bandages or slings - 5 each
 G) Burn sheets - 2 each, sterile
 H) Sterile solution (normal saline) - 4 each, 500 cc or 2 each, 1,000 cc plastic bags
 I) Aluminum foil roll or Silver Swaddler - 1 each
 J) Bite sticks - 2 each
 K) Obstetrical kit, sterile - 1 each, pre-packaged with instruments
 L) Syrup of Ipecac, 1 each
 M) Cold packs, 3 each
 N) Emesis basin - 1 each
 O) Drinking water - 1 quart, in non-breakable container, Sterile water may be substituted
 P) Disposable drinking cups - 5 each
 Q) Ambulance emergency run reports - 10 each, with space for the following minimum information:
 i) Signatures of EMTs present on the ambulance run and their Illinois certification license numbers or identifier-numbers
 ii) Time left garage
 iii) Time on scene/time left scene
 iv) Time arrived at receiving facility
 v) Six-digit ambulance license number (Secretary of State issued)
 vi) Blood/pressure, pulse, skin condition and respiration of the patient upon arrival at the scene
 vii) Level of consciousness
 viii) Chief complaint of the patient
 ix) Treatment rendered by the EMTs present

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- X) An ambulance Emergency Run Report will be completed and a copy filed with the receiving Emergency Department prior to leaving the Receiving Hospital
- R) Pillows - 2 each, for ambulance cot
 S) Pillowcases - 2 each, for ambulance cot
 T) Sheets - 2 each, for ambulance cot
 U) Blankets - 2 each, for ambulance cot
 V) CPR mask - 1 each, with safety valve to prevent backflow of expired air and secretions
 W) Hot packs - 3 each
 X) Urinal - 1 each
 Y) Bedpan - 1 each
 Z) Remains bag - 1 each
 AA) Non-porous disposable gloves
 BB) Impermeable red or biohazard-labelled isolation bag isolation-bag
- CC) Face protection through any combination of masks and/or eye protection and/or face shields
- c) Equipment Requirements - Intermediate and Advanced Life Support Vehicles
 Each ambulance used as an Intermediate Life Support vehicle or as an Advanced Life Support vehicle shall meet the requirements in subsection (b) and shall also comply with the equipment and supply requirements as determined by the Project Medical Director in the System in which the ambulance and its crew participate.
 d) Equipment Requirements - Rescue and/or Extrication
 Each ambulance shall document the mechanism and agency that provides rescue services, and carry the following:
 1) Wrench, 7-12" with adjustable open-end
 2) Screwdriver, 12" with regular blade
 3) Screwdriver, 12" Phillips-type
 4) One of these:
 A) Hammer, 3-pound with 15" handle
 B) Fire axe, flat-head
 1) Wrecking bar, 24"
 25) Goggles for eye safety
 36) Fire extinguisher - 2 each, ABC dry chemical, minimum 5 pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment
 47) Flashlight - 1 each, battery powered 6 volt, stand-up lantern type
 e) Equipment Requirements - Communications Capability
 Each ambulance must have ambulance to hospital radio communications capability and meet the requirements provided in Section 535.50 of this Part.
 f) Personnel Requirements
 1) Each ambulance shall be staffed by a minimum of two EMTs, Field RNs or physicians on all emergency calls.
 2) Each Basic Life Support vehicle using automatic defibrillation

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shall be staffed by a minimum of one EMT-A approved by the Project Medical Director for automatic defibrillation, a Field RN or physician and one other EMT, Field RN or physician.

2) Each ambulance used as an Intermediate Life Support vehicle shall be staffed by a minimum of one EMT-I, Field RN or physician and one other EMT, Field RN or physician. Each ILS vehicle using automatic defibrillation shall be staffed by a minimum of one EMT-I approved by the Project Medical Director for automatic defibrillation, a Field RN or physician and one other EMT, Field RN or physician. Each ambulance used as an Advanced Life Support vehicle shall be staffed by a minimum of one EMT-P, Field RN or physician and one other EMT, Field RN or physician.

3) Each ambulance provider that operates an emergency transport vehicle shall ensure through written agreement with the EMS System that the agency providing emergency care at the scene and en route to a hospital meets the requirements of this Subpart.

g) Operational Requirements

1) Any operation of an ambulance while transporting a patient to a hospital shall be done in accordance with the requirements of the Act and this Part.

2) A licensee shall operate its ambulance in compliance with this Part, twenty-four hours a day, every day of the year.

3) For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record on the emergency run report the patient's blood pressure, pulse, respiration, skin condition, level of consciousness, chief complaint and any treatment rendered.

4) A licensee shall provide emergency service within the service area on a per need basis without regard to the patient's ability to pay for such service.

5) A licensee shall provide documentation of procedures to be followed when a call for service is received and a vehicle is not available, including copies of mutual aid agreements with other ambulance providers.

6) A licensee shall operate its ambulance at a level not exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless such vehicle is operated pursuant to an EMS System-approved in-field service level upgrade. (See Section 535.210(i)(7) of this Part.)

7) When a basic life support ambulance has been requested by telephone and the estimated response time is more than 5 minutes, the dispatcher shall advise the person making the request of the estimated time of arrival of the ambulance. (Section 7.1 of the Act.)

h) AGENCY NOTE: Any provider may request a waiver of any requirements in this Section under the provisions of Section 535.750. Examples of situations in which waivers of the requirement that ambulances carry pneumatic counter pressure trouser kits will be granted are as follows: When the Department is notified that a hospital or Project

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Medical Director will not order the use of a pneumatic counter pressure trouser kit or M.A.S.T. trousers by emergency medical personnel on a Basic Life Support Vehicle; and that a waiver is necessary to allow adequate time or progressive procurement of the pneumatic counter pressure trouser kits over a period of one to three years for those ambulance agencies that claim financial hardship.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

SUBPART D: EMERGENCY MEDICAL SERVICES SYSTEM PROGRAM -GENERAL

Section 535.200 Emergency Medical Services System Program - General

a) The provisions of this Subpart shall apply to all hospitals, ambulance providers and personnel participating in the delivery of Advanced Life Support/Mobile Intensive Care and/or Intermediate Life Support/Mobile Intensive Care to the sick and injured at the scene of an emergency, during transport to a hospital or during inter-hospital transport, and within a hospital emergency department until the responsibility for the care of the patient is assumed by the medical personnel at the receiving hospital.

b) The emergency care described in subsection (a) shall only be offered or rendered through an approved Emergency Medical Services (EMS) System. An EMS System shall not become operational nor shall any training of System personnel begin until a letter of approval has been issued by the Department.

c) An applicant for EMS System approval shall submit to the Department three copies of a written System program plan signed by the Project Medical Director which includes all of the information and documentation required by Section 535.210 of this Subpart.

d) An approved System which desires to modify its System Program plan shall submit to the Department a written amendment signed by the Project Medical Director, along with a written statement of approval from its AHES Committee. A System shall not implement a modification to its approved Program plan until a letter of approval has been issued by the Department.

e) After receiving a Program plan for a proposed EMS System or an amendment to an approved System program plan, the Department shall notify the applicant or System within thirty (30) days if its program plan or amendment is incomplete. Such notice shall include a description of the information or documentation needed to complete the program plan or amendment.

f) After receiving a complete program plan for a proposed EMS System or amendment to an approved System program plan, the Department shall issue a letter of approval or disapproval within 120 days. A letter of disapproval shall include the reasons for disapproval. The Department shall approve EMS Systems which meet the requirements of this Part and the Act.

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- g) The Department shall not review requests for equipment or training grants until a letter of approval has been issued by the Department.
- h) The Department shall inspect, pursuant to a complaint filed with the Department or as it deems necessary to verify compliance with the Act and this Part, any equipment, records or vehicles used or maintained by a proposed or approved EMS System or by any provider participating in a proposed or approved EMS System. Routine inspections shall be conducted no more often than every three years.
- i) Letters of commitment required in Section 535.210 shall be updated at least every three years.
- j) A hospital is not required to join an AHES committee. However, if it has elected to do so, the hospital shall comply with its commitments as outlined in the plan administered by the AHES committee and shall be subject to the provisions of subsection (d) and Sections 535.210(e) and 535.220 of this Part.
- k) For the purposes of this Part, changes in any of the following shall be considered modifications of a System Program Plan:
- 1) Resource Hospital, Associate Hospital or Participating Hospital,
 - 2) Project Medical Director,
 - 3) AHES participation,
 - 4) System service area (See Section 535.210(f) of this Part),
 - 5) Written standing orders (See Section 535.210(m)(1) of this Part),
 - 6) Methods(s) of providing EMS services (See Section 535.210(i) of this Part),
 - 7) Specific role(s) of Associates or Participating Hospital(s),
 - 8) Additional ambulance providers, changes in level of service for ambulance providers, or Role(s) of specific ambulance providers (See Section 535.210(k)(2) of this Part),
 - 9) Response areas of specific ambulance providers (See Section 535.210(k)(3) of this Part),
 - 10) Access and dispatch procedures and mechanism (See Section 535.210(k)(14) of this Part),
 - 11) Communications plan (See Sections 535.60(a)(1) through (14), (h) and (i), 535.210(m)(4)(B) and (C) of this Part),
 - 12) Equipment and drug requirements (See Section 535.210(m)(2) of this Part),
 - 13) System training, continuing education and examination requirements,
 - 14) Quality Assurance policies (See Section 535.210(m)(5) of this Part),
 - 15) Data collection and evaluation policies (See Section 535.210(m)(6) of this Part),
 - 16) Override policies (See Section 535.210(m)(7)(B) of this Part),
 - 17) Disciplinary/suspension policies or procedures (See Section 535.210(m)(9) of this Part),
 - 18) The addition of drugs or equipment pursuant to Section 535.215 of this Part, and new written standing medical orders concerning those new drugs or equipment,
 - 19) The addition of an Automatic Defibrillator Operation program

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pursuant to Section 535.216 of this Part.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.210 EMS System Program Plan

An Emergency Medical Services (EMS) System Program Plan shall contain the following information:

- a) The name and address of the Resource Hospital;
- b) The names and resumes of the following persons:
 - 1) The Project Medical Director,
 - 2) The Project Director,
 - 3) The EMS System Coordinator;
- c) The names and addresses of each Associate or Participating Hospital;
- d) The names and addresses of each ambulance provider participating within the EMS System;
- e) A letter from the appropriate AHES committee which contains the following:
 - 1) A statement that the Resource Hospital meets the requirements of a basic or comprehensive emergency facility (See "Basic" and "Comprehensive" emergency services as defined in Section 250.710 of the Hospital Licensing Requirements (77 Ill. Adm. Code 250))
 - 2) A brief description of the AHES area including categorization scheme, a specialty availability and critical care referral patterns, and
 - 3) A statement that the proposed EMS System Program Plan has been reviewed and approved;
- f) A map of the EMS System's service area indicating the locations of all hospitals and ambulance providers participating in the System;
- g) Letters of commitment from the following persons at the Resource Hospital, which describe the commitment of the writer and his or her office to the development and ongoing operation of the EMS System, and which state the writer's understanding of and commitment to any necessary changes such as emergency department staffing and educational requirements:
 - 1) The Chief Executive Officer of the hospital;
 - 2) The Chief of the Medical Staff, and
 - 3) The Director of the Nursing Services;
- h) A letter of commitment from the Project Medical Director which describes the PMD's agreement to:
 - 1) Be responsible for the ongoing education of all System personnel including coordinating didactic and clinical experience;
 - 2) Develop written standing orders (treatment protocols, standard operating procedures) to be used in the PMD's absence and certify that all involved personnel will be knowledgeable in emergency care and capable of providing treatment and using communications equipment once the program is operational;
 - 3) Provide the name and resume of the Alternate Project Medical

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Director:

- 4) Be responsible for supervising all personnel participating within the System, as described in the System Program Plan;
 - 5) Develop or approve one or more ambulance emergency run reports (run sheets) covering all types of ambulance runs performed by System ambulance providers;
 - 6) Ensure that the Department has access to all records, equipment and vehicles under the authority of the PMD, during any Department inspection, investigation or site survey;
 - 7) Notify the Department of any changes in personnel providing pre-hospital care in accordance with the EMS System Program Plan approved by the Department;
 - 8) Be responsible for the total management of the System, including the enforcement of compliance with the System Program Plan by all participants within the System;
 - 9) Ensure that a copy of the application for renewal (a form supplied by the Department) is provided to every EMT-I or EMT-P within the System who has NOT been recommended for recertification by the Project Medical Director; and
 - 10) Be responsible for compliance with the provisions of Sections 535.260 and 535.265 of this Part;
- i) A description of the method(s) of providing EMS services which includes the protocols for:
- 1) single vehicle response;
 - 2) dual vehicle response;
 - 3) level of first response vehicle;
 - 4) level of transport vehicle;
 - 5) use of mutual aid agreements; and
 - 6) informing the caller requesting an emergency vehicle of the estimated time of arrival when the vehicle response is estimated to be longer than six minutes; and
- 7) In-Field Service Level Upgrades: An EMS System may establish protocols and procedures which allow ILS or ALS personnel to board a BLS vehicle in the field in order to render a higher level of prehospital emergency care. Such protocols shall, at a minimum, require the temporary transfer of the ILS or ALS equipment to the BLS vehicle. The higher-level personnel shall assume in-field responsibility for the patient during the remainder of the prehospital transport, and the vehicle will be recognized by the Department as approval for the higher level of service during the remainder of that patient transport;
- j) A letter of commitment from each Associate or Participating Hospital within the System which includes the following:
- 1) Signed statements by the hospital's Chief Executive Officer, Chief of the Medical Staff and Director of the Nursing Service describing their commitments to the standards and procedures of the System;
 - 2) A description of how the hospital will relate to the EMS System Resource Hospital, its involvement in the ongoing planning and

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development of the program, and its utilization of the education and continuing education aspects of the program;

- 3) A commitment to meet the System's educational standards for MICNs and Field RNs;
 - 4) An agreement to provide exchange of all drugs and equipment with all pre-hospital providers participating in the System;
 - 5) An agreement to utilize the standard treatment orders as established by the Resource Hospital;
 - 6) An agreement to follow the operational policies and protocols of the System;
 - 7) An agreement to participate in the training and continuing education of pre-hospital personnel;
 - 8) An agreement to collect and provide relevant data as determined by the Resource Hospital;
 - 9) A description of the hospital's data collection and reporting methods and the personnel responsible for maintaining all data;
 - 10) The names and resumes of the Associate Hospital EMS Medical Director and Associate Hospital EMS Coordinator;
 - 11) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey; and
 - 12) If the hospital is a participant in another System, a description of how it will interact within both Systems and how it will ensure that communications interference as a result of this dual participation will be minimized;
- k) A letter of commitment from each ambulance provider participating within the System which includes the following:
- 1) For each EMS vehicle participating within the System:
 - A) The year, model, make, and vehicle identification number;
 - B) The license plate number;
 - C) The Department license number, unless exempt from Department licensure (See Section 9 of the Act);
 - D) The base location address; and
 - E) The level of service (advanced, intermediate or basic).
 - 2) A description of its role in providing advanced life support, intermediate life support, basic life support and patient transport services with the System;
 - 3) Definitions of the primary, secondary and outlying areas of response for each EMS vehicle used within the System;
 - 4) A map or maps indicating the base locations of each EMS vehicle, the primary, secondary and outlying areas of response for each EMS vehicle, the population base of each service area and the square mileage of each service area;
 - 5) A commitment to optimum responses times of 4-6 minutes in primary coverage areas, 10-15 minutes in secondary coverage areas, and 15-20 minutes in outlying coverage areas;
 - 6) A commitment to twenty-four (24) hour coverage;
 - 7) A commitment that within one (1) year after Department approval of the EMS System, each ambulance at the scene of an emergency

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and during transport of emergency patients to and between hospitals will be staffed in accordance with the requirements of Section 535.150 (f)(1) and (2);

- 8) Copies of written mutual aid agreements with other providers and/or a description of the provider's own back-up system, which detail how adequate coverage will be ensured when an EMS vehicle is responding to a call and a simultaneous call is received for service within that vehicle's coverage area;
 - 9) A statement that emergency services which an EMS vehicle is authorized to provide shall not be denied on the basis of the patient's inability to pay for such services;
 - 10) An agreement to file an appropriate EMS run sheet or form for each emergency call, as required by the System;
 - 11) An agreement to maintain the equipment required by Section 535.150 and by the System, in working order at all times, and to carry the medication as required by the System;
 - 12) An agreement to notify the Project Medical Director of any changes in personnel providing pre-hospital care in the System in accordance with the policies in the System Manual;
 - 13) A copy of its current FCC license(s);
 - 14) A description of the mechanisms and specific procedures used to access and dispatch the EMS vehicles within their respective service areas;
 - 15) A list of all personnel providing pre-hospital care, their certification license numbers, expiration dates and levels of certification licensure (EMT-A, EMT-I, EMT-P), their Field RN or MD status;
 - 16) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey;
 - 17) An agreement to allow the Project Medical Director or designee access to all records, equipment and vehicles relating to the System during any inspection or investigation by the PMD or designee to determine compliance with the System Program Plan;
 - 18) Documentation that its communications capabilities meet the requirements of Section 535.50 of this Part;
 - 19) Documentation that each EMS vehicle participating in the System complies with the vehicle design, equipment and extrication criteria as provided in Section 535.150(a)(1) and (b) of this Part;² and
 - 20) An agreement to follow the approved EMS policies and protocols of the System;²
- 1) Descriptions and documentation of each communications requirement provided in Section 535.60 of this Part;
 - m) A System Manual, the format of which shall be System specific as to organization, which shall contain but not be limited to items (1) through (11) in the following subparagraphs subsections; and which except for training program examinations and quizzes, student and instructor evaluations, and any examinations used to test or monitor

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System participants' proficiency, shall be available to all System participants. The entire Manual shall be available to any agency authorized to evaluate, survey or accredit the program.

- 1) The Project Medical Director's written standing orders (treatment protocols, Standard Operating Procedures) to be used in the PMD's absence, including the circumstances under which the MICN will call the PMD or a designated physician to the operational control point, and what the nurse's limitations are;
 - 2) A list of all equipment and drugs required for EMS vehicles;
 - 3) The System's program and requirements for the training and continuing education of EMTs, Field RNs and MICNs including but not limited to:
 - A) Curriculum (EMT training programs shall be taught in accordance with the United States Department of Transportation (DOT) Emergency Medical Technician National Standard Curriculum, 1984);
 - B) Teaching schedules;
 - C) Training program examinations, including the formats to be used (i.e., essay, multiple-choice, classroom or take-home quizzes, practical examinations);
 - D) Clinical experiences;
 - E) Training program entrance and successful completion requirements;
 - F) Training program student and instructor evaluations;
 - G) Clinical and didactic recertification relicensure requirements, including a requirement that each EMTs continuing education records shall be kept on file at the Resource Hospital, and that copies shall be provided to the EMTs;² and
 - H) System examinations, if any, used to test and monitor an EMT's continued proficiency to render the level of care for which the EMT is certified, licensed;
 - I) A System may require that up to one-half of the yearly didactic continuing education hours that are required toward relicensure, as determined by the Department, be earned through attendance at System-taught courses;
 - J) Any didactic continuing education course which has received a State site code shall be accepted by the System, subject only to the requirements of subsection (m)(3)(I) of this Section;
- 4) Communications standards and protocols including:
 - A) The information contained in the System Program Plan relating to the requirements of Sections 535.60(a)(1), (2), (3) and (4), 535.60(b) and 535.60(g) of this Part;
 - B) Protocols ensuring that physician direction and voice orders to EMS vehicle personnel and other hospitals participating in the System are provided from the operational control point of the Resource or Associate Hospital;² and
 - C) Protocols ensuring that voice orders via radio and using

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- telemetry shall be given by or under the direction of the Project Medical Director or the PMP's designee, who shall be either an MICN, a Field RN or a physician⁷¹
- 5) Quality assurance measures for patient care, ambulance operation and System training activities, including but not limited to monitoring training activities to ensure that the instruction and materials are consistent with United States Department of Transportation training standards for EMTs and Section 4 and 13 of the Act, unannounced inspections of pre-hospital services, and internal provider self-assessments⁷¹
 - 6) Data collection and evaluation methods which include:
 - A) The mechanism for collecting data from hospitals and pre-hospital providers;
 - B) A copy of the pre-hospital reporting form;
 - C) The method employed to evaluate data and to notify and correct patient care or reporting discrepancies; and
 - D) A sample of the information and data to be reported to the Department summarizing System activity⁷¹; and
 - ~~B) The System's procedure for ensuring the confidentiality of patient names and patient identifying information;~~
 - 7) Operational policies which delineate the respective roles and responsibilities of all providers in the System regarding the provision of emergency services, including:
 - A) Abuse of controlled substances by System personnel;
 - B) Resource Hospital overrides (situations in which Associate Hospital orders are overruled by the Resource Hospital);
 - C) Infectious disease and disinfection procedures⁷¹; and
 - D) Reporting and documentation of problems⁷¹
 - 8) Medical-Legal policies addressing:
 - A) A patient's right of refusal;
 - ~~B) Transport to closest hospital/bypass;~~
 - ~~C) Patient hospital preference;~~
 - ~~B) Minor patient/guardian consent;~~
 - ~~C) Patient abandonment;~~
 - ~~D) Coroner policy;~~
 - ~~E) Emotionally disturbed patients;~~
 - ~~F) Do not resuscitate situations;~~
 - ~~G) Patient confidentiality/release of information;~~
 - ~~H) Interaction with law enforcement/evidence;~~
 - ~~I) Reporting of suspected crimes (i.e., child abuse); and~~
 - ~~J) Physician on the scene; and~~
 - K) Durable power of attorney for health care;
 - 9) Any procedures regarding disciplinary/suspension decisions and the review of those decisions which the System has elected to follow in addition to those required by the Act⁷¹
 - 10) The responsibilities of the EMS Coordinator(s), as designated by the Project Medical Director, including data evaluation, supervision of clinical, didactic and field experience training, and physician and nurse education as required⁷¹ and

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- 11) The responsibilities of the Project Director⁷¹
- n) If the Resource Hospital for a proposed EMS System is currently participating in an existing System, the following additional information must be provided:
 - 1) A clear description of its current role and status within the existing System;
 - 2) Its rationale for separating from the existing System and developing its own program;
 - 3) A description of the methods to be used for ensuring the coordination of emergency services with adjacent Systems, including the System which it proposes to leave;
 - 4) A statement detailing the effect which the proposed change will have on the area's pre-hospital services and patient referral patterns;
 - 5) A statement summarizing the steps to be taken to ensure that the necessary quality and level of care will be maintaining during the implementation phase of the proposed System;
 - 6) A statement detailing the effect which the proposed System will have on the current radio communications systems utilized in the area;
 - 7) A detailed description of its communications system design, including the expected delivery dates for equipment which has been purchased, leased or ordered⁷¹; and
 - 8) If the proposed System intends to use, borrow or lease any communications equipment or facilities from an existing System, a copy of a specific contract or agreement authorizing such arrangement shall be attached⁷¹.
- o) Written protocols for the transport of persons by ambulance or specialized emergency medical services vehicle to a hospital other than the nearest hospital or trauma center. (Section 10(c) of the Act)
 - 1) The protocols shall provide that a person shall not be transported to a hospital other than the nearest hospital, regional trauma center, or the nearest trauma center, unless the project medical director or his qualified designee has determined and certified that, based upon the reasonable risks and benefits to the patient, and based on the information available at the time:
 - A) The medical benefits reasonably expected from the provision of appropriate medical treatment at a more distant hospital or trauma center outweigh the increased risks to the patient from transport to the more distant hospital or trauma center, and
 - B) The more distant hospital or trauma center has available space and qualified personnel for the treatment of the patient. (Section 10(c) of the Act) An associate hospital, participating hospital, or trauma center affiliated with the EMS System may be presumed to have available space and qualified personnel in accordance with its level of participation within the System, unless such facility has

notified the Project Medical Director that it has a shortage or limitation of space or qualified personnel.

- 2) The system's protocols may include an accommodation for the patient's choice of hospital other than the nearest hospital or trauma center if the transport to the more distant hospital or trauma center is not expected to increase the risk to the patient as determined and certified by the project medical director or qualified designee. (Section 10(c) of the Act)

- 3) In order to certify a determination made pursuant to this subsection, this determination shall be recorded and signed by the Project Medical Director or qualified designee who made such determination at the base station or medical control point which had been contacted by the EMS vehicle personnel. If the person who made the determination is not physically present at such location, the medical control personnel present shall note that on the record, and the person who made the determination shall sign the record as soon thereafter as possible.

- 4) For purposes of this subsection, the "nearest hospital" is the hospital which is closest to the scene of the emergency as determined by travel time, and which operates a full-time emergency department at the minimum level recognized by the System in its Department approved Program Plan. The "nearest trauma center" is either the Level I Trauma Center serving the trauma region in which the EMS System is located, or the Level II Trauma Center which is closest to the scene of the emergency as determined by travel time.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.215 Approval of Additional Drugs and Equipment

- a) The use of all drugs and equipment, other than those covered by the United States Department of Transportation National Standard Curriculum for each EMT level of certification licensure, must be approved by the Department in accordance with subsections (b), (c) and (d) of this Section before being used in a System.
- b) To apply for approval to add drugs and/or equipment, the PMD shall submit to the Department documentation covering the following:
- 1) Training program including a description of practical training for equipment and the number of contact hours.
 - 2) A curriculum for each new drug or equipment, which includes at least the following (as applicable):
 - A) Usage
 - B) Complications
 - C) Adverse actions
 - D) Equipment maintenance and use.
 - 3) New written standing orders.
- c) Upon receipt of the application from the System, the Director or

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his/her designee shall either approve the drug and/or equipment, approve the drug and/or equipment on a conditional basis, or disapprove the drug and/or equipment. The Director's/designee's decision shall be based on a review and evaluation of the documentation submitted under subsection (b) of this Section; the application of technical and medical knowledge and expertise; consideration of relevant literature and published studies on the subject; and whether the drug and/or equipment has been reviewed or tested in the field. The Director may seek the recommendations of medical specialists, and/or other professional consultants to determine whether to approve or disapprove the specific drug(s) and/or equipment.

- d) The Director or designee shall consider whether the drugs and equipment may be used safely and with proper training by the pre-hospital care provider, shall disapprove any drugs and equipment which he finds are generally unsafe or dangerous in the pre-hospital care setting.

- e) When a drug and/or equipment is approved on a conditional basis, the System shall submit to the Department on a quarterly basis, the following information:

- 1) Indications for use;
- 2) Number of times used;
- 3) Number and types of complications which occurred;
- 4) Outcome of patient after use of drug and/or equipment; and
- 5) Description of follow-up actions taken by the System on each case in which complications occurred.

- f) When a death or complication which results in a deterioration of a patient's condition occurs, involving a drug and/or equipment approved on a conditional basis, the System shall notify the Department within three (3) business days, followed by a written report of the situation and submit that to the Department within ten (10) business days.

- g) Failure of the System to submit the information required under subsection (e) of this Section shall be considered as a basis for withdrawal of approval of the drug or equipment on a conditional basis. Failure of the System to notify the Department as required under subsection (f) of this Section shall be considered as a basis for withdrawal of approval of the drug or equipment on a conditional basis.

- h) The Director or designee shall evaluate the information submitted under subsection (e) of this Section and any notification required under subsection (f) of this Section. The Department will notify the System that a drug or equipment is disapproved and may no longer be performed on a conditional basis, when the evaluation of the information submitted pursuant to this subsection indicates that the safety of the drug or equipment has not been established for use in the pre-hospital setting.

- i) The System may appeal a decision by the Director or designee under this Section by requesting a hearing on the decision within thirty (30) days of notification of the decision. Hearings on appeals will be

- conducted by the Department in accordance with the Department's administrative hearing rules (77 Ill. Adm. Code 100).
- j) A PMD shall not approve an EMT to use new drugs or equipment unless that EMT has completed the Department approved training program and examination, and has demonstrated the required knowledge and skill to use that drug or equipment safely and effectively.
- k) A PMD shall not be required to provide new drug or equipment training to System EMTs who will not be utilizing the new drugs or equipment.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.216 Automatic Defibrillation

- a) Any person licensed as an EMT-A, EMT-I or EMT-P and affiliated with an EMS system may use an automatic defibrillator if he or she has completed a course of instruction approved by the Department in automatic defibrillator operation. (Section 11.1 of the Act.)
- b) Automatic Defibrillator Operation training is a mandatory component of the EMT-P training established by Section 535.500 of this Part. Separate course approval is therefore not necessary.
- c) In order to be approved by the Department, an EMT-A or EMT-I Automatic Defibrillator Operation course shall include the following:
- 1) A curriculum based on Section 9 of the United States Department of Transportation, Emergency Medical Technician-Intermediate National Standard Curriculum;
 - 2) A requirement that EMT-A or EMT-I shall pass both a written and a practical examination as a condition of completing the course. The examinations shall be developed and evaluated by the Project Medical Director or designee and shall be designed to measure the EMT's knowledge and skills to safely and effectively operate an automatic defibrillator.
- d) A System may include the course in Automatic Defibrillator Operation as part of an initial EMT-A or EMT-I license training program or may offer such training to persons already licensed as an EMT-A or EMT-I.

(Source: Added at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.220 Additions to an Approved Program (Repealed)

~~The Project Medical Director shall submit to the Department a written request for approval before amending its approved System program plan to include an additional ambulance provider, ambulance or EMS vehicle or hospital. Such request shall include the appropriate letter of commitment required by Section 535.210(f) or (k) as well as a written statement of approval from the AHES committee. The ambulance provider, ambulance, EMS vehicle or hospital shall be admitted into the System after a letter of approval has been issued by the Department. The Department approves any applicant who meets the standards set~~

~~forth in the Act and this Part and who meets the Project Medical Director's System standards.~~

(Source: Repealed at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.230 EMS System Personnel Standards

- a) The Project Medical Director shall be a physician licensed to practice medicine in all of its branches in Illinois and shall have completed a residency program in emergency medicine approved by the Residency Review Committee of the American Medical Association or have extensive critical or emergency care experience including documented competency in Advanced Life Support. In addition, the Project Medical Director shall:
- 1) Have experience on an EMS vehicle or make provision to gain such experience within twelve (12) months of the date responsibility for the System is assumed.
 - 2) Be thoroughly knowledgeable of and able to demonstrate all skills excluding extrication as presented in the Emergency Medical Technician Field RN and MICN training programs, and
 - 3) Have or make provisions to gain experience instructing students at a level similar to that of EMTs, Field RNs and MICNs.
- b) The EMS System Coordinator shall:
- 1) Be a Registered Professional Nurse licensed in the State of Illinois or an EMT-P certified licensed in the State of Illinois,
 - 2) Be trained and knowledgeable in dysrhythmia identification and treatment and have a diverse background in critical care, and
 - 3) Have or make provision to obtain experience on an EMS vehicle within twelve (12) months of the date the responsibilities of the EMS System Coordinator were assumed.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.260 System Participation Suspensions

- a) The Project Medical Director may suspend from participation within the System any EMT or other individual or individual provider within the System considered not to be meeting the standards of that approved system. (Section 13(e) of the Act). Any such suspension shall be accompanied by written notice to the suspended participant from the Project Medical Director. Such notice shall include a statement describing the reasons for the suspension and the terms of the suspension. The suspended participant shall have the opportunity to request a review of the suspension by the System Review Board pursuant to Section 535.265 of this Part. Any such suspension must be based on one or more of the following:
- 1) failure to meet the education and training requirements

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prescribed by the Department in Section 535.420, 535.430, 535.520 and 535.530 of this Part or by the Project Medical Director;

- 2) violation of the Act or this Part;
 - 3) failure to maintain proficiency in the provision of basic, intermediate or advanced life support services;
 - 4) failure to comply with the provisions of the System's Program Plan approved by the Department;
 - 5) intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants in such manner as to adversely affect the delivery, performance or activities in the care of patients requiring medical care (for the purposes of this subsection, adversely affect means anything which could harm the patient or treatment that is administered wrongly improperly);
 - 6) intentional falsification of any medical reports or orders, or making misrepresentations involving patient care;
 - 7) abandoning or neglecting a patient requiring emergency care;
 - 8) unauthorized use or removal of narcotics, drugs, supplies or equipment from any ambulance, health care facility, institution or other work place location;
 - 9) performing or attempting emergency care, techniques or procedures without proper permission, certification licensure, training or supervision;
 - 10) discriminating in rendering emergency care because of race, sex, creed, religion, national origin or ability to pay;
 - 11) medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision of emergency care; or
 - 12) violation of the System's standards of care;
 - 13) physical impairment of an EMT to the extent that he or she cannot physically perform the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the EMT is on inactive status pursuant to this Part; or
 - 14) mental impairment of an EMT to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the EMT is on inactive status pursuant to this Part.
- b) A Project Medical Director may immediately suspend an EMT or other provider if he finds that the information in his possession indicates that the continuation in practice by an EMT or other provider would constitute an imminent danger to the public. The suspended EMT or other provider shall be issued an immediate verbal notification followed by a written suspension order to the EMT or other provider by the Project Medical Director which states the length, terms and basis for the suspension. (Section 13.2(b) of the Act)
- 1) Within 24 hours following the commencement of the suspension, the Project Medical Director shall deliver to the Department, by messenger or telefax, a copy of the suspension order and copies

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of any written materials which relate to the Project Medical Director's decision to suspend the EMT or provider. (Section 13.2(b)(1) of the Act)

- 2) Within 24 hours following the commencement of the suspension, the suspended EMT or provider may deliver to the Department, by messenger or telefax, a written response to the suspension order and copies of any written materials which the EMT or provider feels relates to that response. (Section 13.2(b)(2) of the Act)
 - 3) Within 24 hours following receipt of the Project Medical Director's suspension order or the EMT's or provider's written response, whichever is later, the Director or the Director's designee shall determine whether the suspension should be stayed pending the EMT's or provider's opportunity for hearing or review in accordance with this Act, or whether the suspension should continue during the course of such hearing or review. The Director or the Director's designee shall issue this determination to the Project Medical Director, who shall immediately notify the suspended EMT or provider. The suspension shall remain in effect during this period of review by the Director or the Director's designee. (Section 13.2(b)(3) of the Act)
 - 4) The Project Medical Director's suspension order shall include a notice that the EMT or provider shall have the opportunity for a hearing before the system review board, or may elect to bypass the system review board and seek direct review of the Project Medical Director's suspension order by the State EMS Disciplinary Review Board. (Section 13.2(c) of the Act)
- c) For suspensions which do not include a finding by the Project Medical Director of an imminent danger to the public, the Project Medical Director shall issue a written notice to the EMT or provider which includes a statement describing the reason(s) for the suspension, the terms of the suspension, and the opportunity for a hearing before the system review board prior to the commencement of the suspension. (Section 13.2 of the Act)
- b) The Project Medical Director shall designate--a--local--System--Review Board--to--provide--a--hearing--to--any--individual--or--individual--provider who is suspended--from--participation--within--the--System--the--Project--Medical--Director--shall--prepare--and--post--in--a--24-hour accessible--location--at--the--Resource--Hospital--a--System--Review--Board list--for--each--category--of--provider--within--the--System--which--contains the--name--of--six--(6)--providers--in--that--category--if--the--total--number of--providers--in--a--particular--category--is--less--than--six--(6)--the--list for--that--category--shall--contain--the--names--of--all--of--the--providers--in that--category--
- d) The Project Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of a hearing and thereafter prepare a transcript of the proceedings (Section 13(f) of the Act);
- e) The transcript, all documents or materials received as evidence during such hearing and local System Review Board's written decision shall be

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- retained-in-the-custody-of-the-BMS-System (Section 13(f) of the Act);*
the-system-shall-implement-a-decision-of-the-local-System-Review-Board
unless-that-decision-has-been-appealed-to-the-State-Emergency-Medical
Services-Disciplinary-Review-Board (Section 13(f) of the Act);
 g) *the-System-shall-implement-a-decision-of-the-State-BMS-Disciplinary*
Review-Board-which-has-been-rendered-in-accordance-with-the-Ac-and
this-Part (Section 13(g) of the Act);

(Source: Amended at 17 Ill. Reg. 8196, effective
May 21, 1993)

Section 535.265 System Review Board

- a) The Project Medical Director shall prepare and post, in a 24-hour accessible location at the Resource Hospital, a System Review Board list for each category of provider within the System which contains the names of six (6) providers in that category. If the total number of providers in a particular category is less than six (6), the list for that category shall contain the names of all of the providers in that category.
- b) Upon receipt of a Notice of Suspension from the Project Medical Director, the EMT or other provider shall have fifteen (15) days to request hearing before the System Review Board, by submitting a written request to the PMD via certified mail. Failure to request a hearing within fifteen (15) days shall constitute a waiver of the right to a System Review Board Hearing.
- a) Any BMS-System-participant-suspended-from-participation-by-the-Project Medical-Director-pursuant-to-Section-535.268(a)-of-this-Part-may request-a-hearing-before-that-System's-Review-Board-("Board")-within fifteen-(15)-days-after-the-date-of-suspension--Such-request-shall-be made-in-writing-via-certified-mail-to-the-Project-Medical-Director- of-the-Board--that-a-hearing-has-been-requested--the-suspended participant-shall-be-responsible-for-consulting-the-posted-lists-of providers-which-are-described-in-Sections-535.18-and-535.268(c)-of this-Part--the-suspended-participant-shall-select-from-the appropriate-list(s)-the-names-of-two-(2)-voting-members--and-a chairperson--the-Project-Medical-Director-shall-provide-additional names--as-needed--if-the-suspended-participant-is-unable-to satisfactorily-select-three-(3)-name-from-the-initial-list-of-six-(6)- the-Project-Medical-Director-shall-schedule-the-Board-to-meet-within three-(3)-business-days-after-the-suspended-participant-has-selected the-three-(3)-remaining-members-of-the-Board--the-Board-shall-review and-consider-any-testimony-and-documentation-related-to-the-issue-at hand--which-is-offered-by-either-party-to-the-suspension-issue--Both the-suspended-participant-and-the-System-may-be-represented-by-legal counsel--A-copy-of-the-hearing-transcriptions-shall-be-made-available to-any-party-so-requesting-at-the-party's-expense--the-Board-shall state-in-writing-its-decision-to-affirm--modify--or--reverse-the

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suspension--Such-decision-shall-be-sent-via-certified-mail-or personal-service-to-the-suspended-participant-and-to-the-Project Medical-Director-within-five-(5)-business-days-after-the-conclusion-of the-hearing--the-Board's-decision-shall-be-binding-upon-all-parties unless-reversed-or-modified-by-the-State-BMS-Disciplinary-Review Board;

- c) Upon receipt of a timely request for a System Review Board Hearing, the PMD shall notify the 2 standing members of the Board that a hearing has been requested. The provider requesting the hearing shall be responsible for consulting the posted lists of providers, and selecting the names of 2 voting members and a chairperson from the provider's category. The PMD shall provide additional names, as needed, if the provider is unable to satisfactorily select 3 names from the initial list of 6.
- d) The PMD shall schedule the Board to meet within 3 business days after the provider has selected the 3 remaining members of the Board.
- e) The Board shall review and consider any testimony and documentation related to the suspension which is offered by either the PMD or the provider. Both the PMD and the provider may be represented by legal counsel.
- f) The Board shall state in writing its decision to affirm, modify or reverse the suspension order. Such decision shall be sent via certified mail or personal service to the PMD and the provider within 5 business days after the conclusion of the hearing.
- g) *The Project Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of a hearing and thereafter prepare a transcript of the proceedings. (Section 13(f) of the Act) A copy of the hearing transcriptions shall be made available to any party so requesting at that party's expense. The transcript, all documents or materials received as evidence during the hearing and the system review board's written decision shall be retained in the custody of the BMS system. (Section 13(f) of the Act)*
- e)h) The Project Medical Director shall notify the Department, in writing, of a decision by the Review Board to either uphold or reverse the Project Medical Director's suspension of an individual or individual provider from participation within the System, within five (5) business days after the Board's decision. Such notice shall include a statement detailing the duration of and grounds for the suspension.
- d)j) A recommendation to the Illinois Department of Public Health by a Project Medical Director to deny, suspend or revoke the certification or license of a participant within an EMS System is not subject to the provisions of this Section, unless such recommendation forms the basis for suspension pursuant to Section 535.260(a) of this Part.
- j) *The system shall implement a decision of the system review board unless that decision has been appealed to the State EMS Disciplinary Review Board. (Section 13(f) of the Act)*

(Source: Amended at 17 Ill. Reg. 8196, effective
May 21, 1993)

Section 535.270 State EMS Disciplinary Review Board

a) The State Emergency Medical Services Disciplinary Review Board shall be composed of five (5) members and five (5) alternate members appointed by the Governor. The 5 members of the Board shall be: a Project Medical Director from a Department-approved EMS System, a Hospital Administrator from a Department - approved EMS System, an EMS Coordinator from a Department - approved EMS System, a certified licensed Emergency Medical Technician - Paramedic (EMT-P) and a certified licensed Emergency Medical Technician - Ambulance (EMT-A) (Section 10.1 of the Act).

b) There shall be one alternate for each member of the Board, from the same professional category as the member of the Board (Section 10.1 of the Act).

c) Of the members first appointed to the State EMS Disciplinary Review Board by the Governor, one member shall be appointed for a term of one year. 2 members shall be appointed for a term of 2 years and 2 members shall be appointed for a term of 3 years. The terms of subsequent appointees shall be 3 years. All appointees shall serve until their successors are appointed. The alternate members shall be appointed and serve in the same fashion as the members of the Board. If a member resigns his or her appointment, the corresponding alternate shall serve the remainder of that member's term until a subsequent member is appointed by the Governor (Section 10.1 of the Act).

d) The function of the State EMS Disciplinary Review Board is to review and affirm, reverse or modify the decision of a local system review board to affirm or reverse a project medical director's order orders to suspend an EMT individual or other individual provider from participating within an EMS System (Section 10.2 (a) of the Act).

e) An EMT or other provider who has been suspended by a Project Medical Director for reasons directly related to patient care may request the board to reverse or modify the suspension order. Such a request shall be made in writing by certified mail to the chief of the Department's Division of Emergency Medical Services and Highway Safety, Springfield, Illinois, within 10 days after receiving the Project Medical Director's suspension order. A copy of the PMD's written suspension order shall be enclosed. (Section 10.2(b) of the Act.)

ef) A suspended EMT or other provider whose suspension was affirmed or modified by a local system review board may request the board to reverse or modify the local board's decision, and a Project Medical Director whose suspension order was reversed or modified by a local system board may request the board to reverse or modify the local board's decision. Such A requests for review by the State-EMS Disciplinary Review Board shall be made in writing by certified mail to the Chief of the Department's Division of Emergency Medical Services and Highway Safety, Springfield, Illinois, within 10 days after receiving the local Board's decision. A copy of the local Board's decision shall be enclosed. Requests for review shall only be

made by a system participant whose suspension was affirmed by the local Board or by a project medical director whose suspension order was reversed by the local Board (Section 10.2 (b) (c) of the Act.)

fg) Upon receipt of a valid request for review, the Department shall notify the members of the Board as well as the alternates for Board members who are unavailable. A Quorum shall consist of 3 members or alternates and shall include the Project Medical Director Board member or alternate. The Board shall meet within 14 days after the Department receives the request for review, or as soon thereafter as the Project Medical Director Board member or alternate is available. The Board shall meet in Chicago or Springfield, whichever location is closer to the involved EMS System (Section 10.2 (d) of the Act).

gh) At each meeting of the Board, the members or alternates present at the meeting shall select a chairperson to conduct the meeting. The Board shall review the transcripts, evidence and written decision of the Local Review Board, or the written decision and supporting documentation of the PMD, whichever is applicable. The suspended participants and the Project Medical Director shall each have the opportunity to present a written statement specifying why the Local Review Board's decision or the PMD's suspension order should be affirmed, reversed, or modified. The Board shall allow such testimony and new evidence as it deems necessary to determine whether the Local Board's decision or the PMD's suspension order was supported by the weight of the evidence. The Project Medical Director shall provide the Board with the transcript, evidence and written decision of the Local Review Board, or the supporting documentation on which his or her suspension order was based, whichever is applicable. The Project Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of the Board's meeting and thereafter prepare a transcript of the proceedings (Section 10.2 (e) of the Act).

hi) At the conclusion of any testimony or presentation of new evidence, the Board shall meet in a closed session to reach a decision. The Board may continue its meeting to another date for further deliberation; however, the Board shall render a decision not more than 28 days after the first meeting date. On a form provided by the Department, the chairperson of the meeting shall state the Board's decision to affirm, reverse or modify the decision of the Local Review Board or the PMD's suspension order, whichever is applicable, and state the basis for the Board's decision. The chairperson shall within five working days submit the Board's written decision, together with the transcripts, evidence and other materials from the meeting, to the Department. The Department shall within five working days issue a copy of the Board's decision to all affected parties (Section 10.2 (f) of the Act).

ij) The system shall implement a decision of the State EMS disciplinary review board which has been rendered in accordance with the Act and this Part (Section 13(g) of the Act).

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(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

SUBPART E: EMERGENCY MEDICAL TECHNICIAN-AMBULANCE
(EMT-A)

Section 535.310 EMT-A Testing

- After completion of an approved training program, EMT-A candidates shall take a written examination. The candidate shall have the choice of taking either the National Registry of Emergency Medical Technicians examination or the Department's examination. The Department's examination is based on the United States Department of Transportation National Standard Curriculum and is equivalent to the National Registry Examination.
- The Department or designee shall administer the National Registry examination or the State written examination for certification--of EMT-A's licensure at least once each quarter and at a location in each administrative region in the State.
- All EMT-A candidates shall hold a high school diploma or high school equivalency certificate and be eighteen (18) years of age or older in order to be tested for certification licensure.
- A failure rate per class of 25% or greater on the certification licensure examination shall require that the particular EMT-A training program be reevaluated by the Department at least sixty (60) days before the start of the next class.
- Failure to achieve a passing grade on three successive examinations within 12 months of the completion of the Training Program shall require the candidate to retake the EMT-A training program.
- When a candidate elects to take the State examination or the National Registry's examination, the candidate must successfully complete that particular testing procedure. A candidate will not be allowed to take the alternate examination after failure to achieve a passing grade.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.315 Fee For Testing

- Each EMT-A candidate making application for the Department's written examination for certification licensure is required to submit a fee of Ten Dollars (\$10.00). This fee is to be paid by certified check or money order. Cash will not be accepted.
- Failure to appear for the examination on the scheduled date, at the time and place specified, shall result in the forfeiture of the examination fee.
- If an EMT-A candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination.

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d) All fees submitted for certification licensure examinations are not refundable.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.320 EMT-A Certification Licensure

- In order to be certified licensed by the Department as an EMT-A an individual must pass the National Registry of Emergency Medical Technicians Examination or the Department's EMT-A examination.
- The Department will certify license those individuals who meet the requirements of this Section for a period of two (2) years.
- A licensed EMT-A shall perform only those life support services covered by the EMT-A training and testing required by this Part. Only EMT-A's who have been approved by their EMS System Project Medical Director to operate an automatic defibrillator, pursuant to Section 535.216 of this Part, shall be allowed to do so.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.330 EMT-A Recertification Relicensure

- In order to be recertified relicensed as an EMT-A, the holder of a certificate as an EMT-A licensee must file with the Department an application for renewal on a form prepared provided by the Department at least thirty (30) days prior to the two (2) year certification license expiration date.
- Written documentation must be provided to the Department by the Project Medical Director or the Regional EMS Coordinator regarding completion of the following requirements:
 - Successful completion of a twenty (20) hour refresher training program.
 - A current certificate, which covers:
 - Adult one-rescuer CPR
 - Adult foreign body airway obstruction management
 - Pediatric one-rescuer CPR
 - Pediatric foreign body airway obstruction management
 - Adult two-rescuer CPR
 - Pediatric two-rescuer CPR.
 - Forty (40) hours of continuing education, seminars and workshops plus any System continuing education requirements for EMT-A's approved to operate an automatic defibrillator. No more than twenty five percent (25%) of those hours may be in the same subject.
- Composition of refresher training programs and qualifications of instructors shall be approved by the Department not less than sixty (60) days prior to the scheduled event. Program approval will be

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granted provided the program is conducted in accordance with guidelines of the Federal Department of Transportation's current national curriculum and based upon the program content relevancy for EMT-A's. Qualifications of instructors shall be consistent with Section 535.300(e) and (f).

c) The certification license of an EMT-A who has failed to file an application for renewal, or whose application for renewal has been denied by the Department, shall terminate on the day following the expiration date shown on the certificate license.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.340 Failure to Recertify Renew - Denial of Recertification Relicensure

Every holder of a certificate as an EMT-A licensee who either fails to apply for recertification renewal prior to the expiration of the certificate license, whose application for recertification renewal is denied by the Department, or whose certificate license has been revoked by the Department shall be required to retake the training program and tests and pay the fees as required for initial certification licensure, in order to be recertified relicensured.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

SUBPART F: EMERGENCY MEDICAL TECHNICIAN - INTERMEDIATE (EMT-I)

Section 535.400 Emergency Medical Technician - Intermediate Training - General

a) An EMT-I training program shall only be conducted by an EMS System.

b) Applications for approval of EMT-I Training Programs shall be filed with the Department on forms prescribed, prepared and furnished by the Department. The application shall contain such information as, but not limited to, name of applicant, agency and address, type of training program, lead instructor's name and address, dates of training program, name and signature of the Project Medical Director and EMS System Coordinator.

c) Applications for approval shall be submitted at least sixty (60) days in advance of the first scheduled class.

d) The Project Medical Director of the EMS System shall attest on the Department's application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum. Minimum sections shall include #1 through #8. EMS-Systems-intending-to-train-and-approve EMT-I's-to-defibrillate-shall-include-Section-#9---Department-approval shall-be-obtained-prior-to-implementing-a-system-program-for-training EMT-I's-in-defibrillation-and-improving-such-EMT-I's-to-defibrillate-

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Approval---shall---be---based---on---conformance---with---Section---#9---of---the---United States---Department---of---Transportation---National---Standard---Curriculum---The EMT-I training program shall be under the direction of the Project Medical Director and the EMS System Coordinator.

f) The EMS system shall designate a Lead Instructor, who shall be approved by the Department based on the requirements of Section 535.400(g).

g) The Lead Instructor shall be an EMT-I, EMT-P, a Registered Nurse or a physician and shall have three (3) years of experience in emergency care as a provider and two (2) years of teaching experience in a classroom setting.

h) Any changes in the EMT-I training program's Project Medical Director, EMS System Coordinator and/or Lead Instructor shall require the application process as outlined in Section-535-400 subsection (b) of this Section.

i) A candidate for an EMT-I training program must have a current Illinois EMT-A license. the following qualifications-

1) Current-illinois-certification-as-an-EMT-A-
2) Pre-employment-sponsorship-by-employment-by-or-documentation-of functioning-within-a-State-approved-EMS-vehicle-agency-providing intermediate-life-support-services;

j) Before a candidate is accepted into the program, documentation must be submitted that an EMS System vehicle will be available to accommodate field experience and internship needs.

k) Each approved training program shall submit a student roster within ten (10) days after the first class.

l) After an EMT-I candidate has completed and passed all components of the training program, the PMD shall submit to the Department a transaction card (form No. IDPH-DP.01.1-85) concerning that individual.

m) All approved programs shall maintain class and student records for seven (7) years and these shall be made available to the Department upon request.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.410 EMT-I Testing

a) After completion of an approved training program, EMT-I candidates shall take a written examination. The candidate shall have the choice of taking either the National Registry of Emergency Medical Technicians examination or the Department's examination. The Department's examination is based on the United States Department of Transportation National Standard Curriculum and is equivalent to the National Registry Examination.

b) The Department or designee shall administer the State written examination for certification--of EMT-I's licensure on a semi-annual schedule. Candidates who elect to take the National Registry of

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Emergency Medical Technicians examination in lieu of the State examination shall be responsible for making their own arrangements with the National Registry.

c) A failure rate per class of 25% or greater on the certification licensure examination shall require that the particular EMT-I training program be reevaluated by the Department at least sixty (60) days before the start of the next class.

d) Failure to achieve a passing grade on three successive examinations within 12 months of the completion of the Training Program shall require the candidate to retake the EMT-I training program.

e) When a candidate elects to take the State examination or the National Registry's examination, the candidate must successfully complete that particular testing procedure. A candidate will not be allowed to take the alternate examination after failure to achieve a passing grade.

f) EMT-I Systems--intending-to-authorize-defibrillation-by-EMT-I-is-who--have completed--the--training--described-in-Section-535.400(h)-of-this-Part shall-require-the-EMT-I-to-pass--both-a-written--and-a-practical examination--prior-to-receiving-such-authorization--The-examinations shall-be-developed-and-evaluated-by-the-Project--Medical-Director--or designee--The-Project-Medical-Director-shall-approve-an-EMT-I-for defibrillation-if-such-examinations-reflect-that-the-EMT-I-possesses the-required--knowledge--and--skills--to--safely--and--effectively defibrillate.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.415 Fee For Testing

a) Each EMT-I candidate making application for the Department's written examination for certification licensure is required to submit a fee of Fifteen Dollars (\$15.00). This fee is to be paid by certified check or money order. Cash will not be accepted.

b) Failure to appear for the examination on the scheduled date, at the time and place specified, shall result in the forfeiture of the examination fee.

c) If an EMT-I candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination.

d) All fees submitted for certification licensure examinations are not refundable.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.420 EMT-I Certification Licensure

a) In order to be certified licensed by the Department as an EMT-I, an individual must:

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1) Pass either the National Registry of Emergency Medical Technicians examination or the Department's EMT-I examination.

2) Complete a field internship on a State-approved EMS System vehicle, supervised by an EMT-I or EMT-P with one year of experience, a Registered Professional Nurse designated by the Project Medical Director, or a physician with critical care knowledge and experience on an EMS vehicle.

A) The length and structure of the field internship shall be determined by the PMD for the System in which the internship is performed, based upon the types and frequencies of emergency calls encountered by EMT-Is within that System, but shall include a minimum of five (5) Intermediate Life Support runs.

B) The field internship shall be completed within six (6) months after passing the EMT-I examination. If an extension of time is needed due to hardship, a waiver shall be sought pursuant to Section 535.750 of this Part, prior to the end of the six-month period.

C) An EMT-I candidate who completes the internship after the six-month period, pursuant to waiver, shall be given a practical examination by the PMD. Such examination shall cover patient assessment and appliance application at the EMT-I level.

D) The PMD shall notify the Department, in writing, when an EMT-I candidate has completed the field internship and passed a practical examination, if applicable.

3) Be employed--by--or functioning within a State-approved EMS vehicle-agency--(e.g.--volunteer-fire-departments)-System providing intermediate life support services, as verified by that System's PMD Project Medical Director.

b) The Department will certify license those individuals who meet the requirements of this Section for a period of two (2) years.

c) A licensed EMT-I shall perform only those life support services covered by the EMT-I training and testing required by this Part. Only EMT-Is who have successfully-completed-a-Department-approved-training program-and-have been approved by the their EMS System Project Medical Director to operate an automatic defibrillator, pursuant to Section 535.216 of this Part, will be allowed to defibrillate do so. (See Section-535.400)

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.430 EMT-I Recertification Relicensure

a) In order to be recertified relicensed as an EMT-I, 1) The holder--of-a-certificate-as-an EMT-I licensee must file with the Department an application for renewal on a form prepared by the Department at least thirty (30) days prior to the two (2)

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year certification license expiration date.

A) The submission of a transaction card (Form No. IDPH-DP -01 1-85) by the Project Medical Director will satisfy the renewal application requirement for a certificate--holder licensee who has been recommended for recertification licensee by the Project Medical Director.

B) A certificate-holder licensee who has not been recommended for recertification licensee by the Project Medical Director must independently submit to the Department an application for renewal. The Project Medical Director shall provide the certificate-holder licensee with a copy of the appropriate form to be completed.

2) A written recommendation signed by the Project Medical Director must be provided to the Department regarding completion of the following requirements:

A) Successfully completing a twenty hour (20) refresher training program.

B) A current CPR certificate which covers:

- i) Adult one-rescuer CPR
- ii) Adult foreign body airway obstruction management
- iii) Pediatric one-rescuer CPR
- iv) Pediatric foreign body airway obstruction management
- v) Adult two-rescuer CPR
- vi) Pediatric two-rescuer CPR

C) Forty-eight (48) hours of continuing education, seminars and workshops, twelve (12) hours of which were directed at the intermediate skills, plus any System continuing education requirements for EMT-I's approved to defibrillate operate an automatic defibrillator.

D) Employment--by--or functioning Functioning with within a State--approved EMS vehicle--agency System providing intermediate life support services as verified by that System's Project Medical Director.

b) Composition of refresher training programs and qualifications of instructors and continuing education programs shall be submitted to the Department for approval not less than sixty (60) days prior to the scheduled event. Program approval will be granted provided the program is conducted in accordance with guidelines of the Federal Department of Transportation's current national curriculum and contains material relevant to EMT-I's. Qualifications of instructors shall be consistent with Section 535.400(f).

c) Upon denial of recommendation for recertification licensee, the Project Medical Director shall submit all reasons for denial. This denial shall be in writing and sent to the EMT-I and the Department.

d) The certification licensee of an EMT-I who has failed to file an application for renewal, or whose application for renewal has been denied by the Department, shall terminate on the day following the expiration date shown on the certificate license.

e) At any time prior to the expiration of the current certificate

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license, the EMT-I may revert to the EMT-A status for the remainder of the certification license period. The EMT-I must make this request in writing to the Department. To recertify license at the EMT-A level, the individual must meet the requirements for recertification licensee found in Section 535.330.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.435 Failure to Recertify Renew-Denial of Recertification Relicensure

Every holder of a certificate--as-an EMT-I licensee who either fails to apply for recertification renewal prior to the expiration of the certificate license, or whose application for recertification renewal is denied by the Department, or whose certificate license has been revoked by the Department shall be required to retake the training program and tests and pay the fees as required for initial certification licensee, in order to be recertified relicensed.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.440 EMT-I Inactive Status

a) Prior to the end of the two year certification--status license period, an EMT-I may request to be placed on inactive status. The request shall be made in writing to the Project Medical Director. The Project Medical Director will apply to the Department in writing and request that the EMT-I be placed on inactive status. This application shall contain the following information:

- 1) Name of individual.
- 2) Date of certifications licensee.
- 3) EMT identification number.
- 4) Circumstances requiring inactive status.
- 5) Length of time of inactive status.
- 6) A statement that recertification relicensure requirements have been met by the date of the application for inactive status.

b) The Department will review requests for inactive status. The Department shall notify the Project Medical Director in writing of its decision based on Section 535.440(a).

c) In order for the EMT-I to return to active status, the Project Medical Director must make application to the Department. The application must be in writing and include a statement that the EMT has been examined (physically and mentally) and found capable of functioning within the EMS System and that the EMT-I's knowledge and clinical skills are at an active EMT-I level.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

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SUBPART G: EMERGENCY MEDICAL TECHNICIAN - PARAMEDIC
(EMT-P)

Section 535.500 Emergency Medical Technician-Paramedic Training - General

- a) An EMT-P training program shall only be conducted by an EMS System.
- b) Applications for approval of EMT-P training programs shall be filed with the Department on forms prescribed, prepared and furnished by the Department. The application shall contain such information as, but not limited to, name of applicant, agency and address, type of training program, Project Medical Director's and EMS System Coordinator's name, dates of training program, signature of Project Medical Director and EMS System Coordinator.
- c) Applications for approval shall be submitted at least sixty (60) days in advance of the first scheduled class.
- d) The Project Medical Director of the EMS System shall attest that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum. The EMT-P training program shall include all components of the National Standard Curriculum.
- e) The EMT-P training program's lead coordinators shall be the Project Medical Director and the EMS System Coordinator.
- f) Any change in the EMT-P training program's Project Medical Director and/or EMS System Coordinator shall require the application process as outlined in subsection (b) of this Section.
- g) A candidate for an EMT-P training program must have a current Illinois ~~certification-as-an~~ EMT-A or EMT-I license.
- h) Before a candidate is accepted into the program, documentation must be submitted that an EMS System vehicle will be available to accommodate field experience and internship needs.
- i) Each approved training program shall submit a student roster within ten (10) days after the first class.
- j) After an EMT-P candidate has completed and passed all components of the training program, the PMD shall submit to the Department a transaction card (form No. IDPH-DP.01, 1-85) concerning that individual.
- k) All approved programs shall maintain class and student records for seven (7) years and these shall be made available to the Department upon request.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.510 EMT-P Testing

- a) After completion of an approved training program, EMT-P candidates shall take a written examination. The candidate shall have the choice of taking either the National Registry of Emergency Medical Technicians examination or the Department's examination. The

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Department's examination is based on the United States Department of Transportation National Standard Curriculum and is equivalent to the National Registry Examination.

- b) The Department or designee shall administer the State written examination for certification-of EMT-ps licensure on a semi-annual schedule. Candidates who elect to take the National Registry of Emergency Medical Technicians examination in lieu of the State examination shall be responsible for making their own arrangements with the National Registry.
- c) Failure to achieve a passing grade on three successive examinations within 12 months of the completion of the Training program shall require the candidate to retake the EMT-P training program.
- d) When a candidate elects to take the State examination or the National Registry's examination, the candidate must successfully complete that particular testing procedure. A candidate will not be allowed to take the alternate examination after failure to achieve a passing grade.
- e) A failure rate per class of twenty-five (25%) percent or greater shall require that the particular EMT-P training program be reevaluated by the Department at least sixty (60) days prior to the start of the next class.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.515 Fee For Testing

- a) Each EMT-P candidate making application for the Department's written examination for certification licensure is required to submit a fee of Twenty-five Dollars (\$25.00). This fee is to be paid by certified check or money order. Cash will not be accepted.
- b) Failure to appear for the examination on the scheduled date, at the time and place specified, shall result in the forfeiture of the examination fee.
- c) If an EMT-P candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination.
- d) All fees submitted for certification licensure examinations are not refundable.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.520 EMT-P Certification Licensure

- a) In order to be certified licensed by the Department as an EMT-P an individual must:
 - 1) Pass either the National Registry of Emergency Medical Technicians examination or the Department's EMT-P examination, and

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- 2) Complete a field internship on a State-approved EMS System vehicle, supervised by an EMT-P with one year of experience, a Registered Professional Nurse designated by the Project Medical Director, or a physician with critical care knowledge and experience on an EMS vehicle.

A) The length and structure of the field internship shall be determined by the PMD for the System in which the internship is performed, based on the types and frequencies of emergency calls encountered by EMT-Ps within that System, but shall include a minimum of ten (10) Advanced Life Support runs.

B) The field internship shall be completed within twelve (12) months after passing the EMT-P examination. If an extension of time is needed due to hardship, a waiver shall be sought pursuant to Section 535.750 of this Part, prior to the end of the twelve-month period.

C) An EMT-P candidate who completes the internship after the twelve-month period, pursuant to waiver, shall be given a practical examination by the PMD. Such examination shall cover patient assessment and appliance application at the EMT-P level.

D) The PMD shall notify the Department, in writing, when an EMT-P candidate has completed the field internship and passed a practical examination, if applicable.

- 3) Be functioning within a State-approved EMS System providing advanced life support services, as verified by that System's Project Medical Director.

b) The Department will certify license those individuals who meet the requirements of this Section for a period of two (2) years.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.530 EMT-P Recertification Relicensure

- a) In order to be recertified relicensed as an EMT-P,
1) The holder-of-a-certificate-as-an EMT-P licensee must file with the Department an application for renewal on a form prepared by the Department at least thirty (30) days prior to the two (2) year certification expiration date.

A) The submission of a transaction card (Form No. IDPH-DP .01 1-85) by the Project Medical Director will satisfy the renewal application requirement for a certificate-holder licensee who has been recommended for recertification relicensure by the Project Medical Director.

B) A certificate-holder licensee who has not been recommended for recertification relicensure by the Project Medical Director must independently submit to the Department an application for renewal. The Project Medical Director shall

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provide the certificate-holder licensee with a copy of the appropriate form to be completed.

- 2) A written recommendation signed by the Project Medical Director must be provided to the Department regarding completion of the following requirements:

A) A minimum of forty (40) hours of continuing education in each of the last two (2) years, earned in accordance with the System's policies.

B) A current CPR certificate which covers:

- i) Adult one-rescuer CPR
- ii) Adult foreign body airway obstruction management
- iii) Pediatric one-rescuer CPR
- iv) Pediatric foreign body airway obstruction management
- v) Adult two-rescuer CPR
- vi) Pediatric two-rescuer CPR

C) Functioning within a State-approved EMS System vehicle agency providing advanced life support services as verified by that System's Project Medical Director.

b) Upon denial of recommendation for recertification relicensure, the Project Medical Director must submit all reasons for denial. This denial shall be in writing and sent to the EMT-P and the Department.

c) The certification license of an EMT-P who has failed to file an application for renewal, or whose application for renewal has been denied by the Department, shall terminate on the day following the expiration date shown on the certificate license.

d) At any time prior to the expiration date of the current certificate license, the EMT-P may revert to either the EMT-I or EMT-A status for the remainder of the certification license period. The EMT-P must make this request in writing to the Department and the case of reduction to the EMT-I level, the request must include a letter of recommendation from the Project Medical Director. To recertify at the EMT-A level, the individual must meet the requirements for recertification found in Section 535.330. To recertify relicensure at the EMT-I level, the individual must meet the requirements for recertification relicensure found in Section 535.430.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.535 Failure to Recertify Renew-Denial of Recertification Relicensure

Every holder-of-a-certificate-as-an EMT-P licensee who either fails to apply for recertification renewal prior to the expiration of the certificate license, whose application for recertification renewal is denied by the Department, or whose certificate license has been revoked by the Department shall be required to retake the training program and tests and pay the fees as required for initial certification license, in order to be recertified relicensed.

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(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

Section 535.540 EMT-P Inactive Status

a) Prior to the end of the two year certification-status license period, an EMT-P may request to be placed on inactive status. The request shall be made in writing to the Project Medical Director. The Project Medical Director will apply to the Department in writing and request that the EMT-P be placed on inactive status. This application shall contain the following information:

- 1) Name of individual.
 - 2) Date of certification license.
 - 3) EMT identification number.
 - 4) Circumstances requiring inactive status.
 - 5) Length of time of inactive status.
 - 6) A statement that recertification requirements have been met by the date of the application for inactive status.
- b) The Department will review requests for inactive status. The Department shall notify the Project Medical Director in writing of its decision based on subsection(a) of this Section.
- c) In order for the EMT-P to return to active status, the Project Medical Director must make application to the Department. The application must be in writing and include a statement that the EMT has been examined (physically and mentally) and found capable of functioning within the EMS System, and that the EMT-P's knowledge and clinical skills are at an active EMT-P level.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

SUBPART H: RECIPROCITY

Section 535.600 Reciprocity

a) EMT's from other states who wish to function in Illinois as an Emergency Medical Technician may apply to the Department for certification license by reciprocity.

b) Such application shall be in writing and contain the following information:

- 1) Proof of current registration by the State in which they currently function and written verification from that State.
- 2) A written statement of satisfactory completion of a training program that meets or exceeds the requirements of the Department as set forth in this Part.
- 3) In the case of an EMT-I or EMT-P, a letter of recommendation from the Project Medical Director of the EMS System in which the individual will function.
- 4) A current CPR Certification.

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- c) The Department will review requests for reciprocity to determine compliance with the applicable provisions of this Part.
- d) Individuals who meet the requirements for certification licensure by reciprocity will be State certified licensed consistent with the expiration date of their current certification license but not to exceed a period of two (2) years.
- e) Following certification licensure by reciprocity, the individual must comply with the requirements of this Part for recertification relicensure.

(Source: Amended 17 Ill. Reg. 8196, effective May 21, 1993)

SUBPART I: SUSPENSION, REVOCATION AND DENIAL OF CERTIFICATION
LICENSURE OF EMTs

Section 535.650 Suspension, Revocation and Denial of Certification Licensure of EMTs

a) The Director, after providing notice and an opportunity for an administrative hearing to the applicant or certificate-holder licensee, shall deny, suspend or revoke a certificate license or refuse to recertify relicense any person as an EMT-A, EMT-I or EMT-P in any case in which he or she finds that there has been a substantial failure to comply with the provision of the Emergency Medical Services (EMS) Systems Act or this Part. Such findings must show one or more of the following:

- 1) The EMT-A, EMT-I or EMT-P has not met continuing and additional education and training requirements as prescribed by the Department in this Part;
- 2) The EMT-A, EMT-I or EMT-P has violated this Act or any rule promulgated under this Act;
- 3) The EMT-A, EMT-I or EMT-P has failed to maintain proficiency in providing basic or intermediate life support services, or advanced life support-mobile intensive care services or required skills as prescribed by the Department; or
- 4) The EMT-A, EMT-I, or EMT-P, during the provision of emergency services, engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public (e.g., use of alcohol or illegal drugs while on duty, verbal or physical abuse of a patient, or misrepresentation of certification or licensure status). (Section 10(b)(4) of the Act);
- 5) The EMT-A, EMT-I or EMT-P is physically impaired to the extent that he or she cannot physically perform the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the person is an EMT-I or EMT-P on inactive status pursuant to Department regulations (Section 10(b)(5) of the Act); or

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6) The EMT-A, EMT-I or EMT-P is mentally impaired to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the person is an EMT-I or EMT-P on inactive status pursuant to Department regulations. (Section 10(b)(6) of the Act)

- b) "Substantial Failure", as used in this Section, means a failure other than a variance from the strict and literal requirements which results in important omissions, given the particular circumstances involved.
- c) "Revocation", as used in this Section, means that the Department-issued certification license is terminated.
- d) "Suspension", as used in this Section, means that the Department-issued certification license is invalid for an identified period of time determined necessary to correct substantial failure.
- e) The Director shall suspend a certificate license in any case in which he or she finds that the substantial failure by the certificate-holder licensee can be corrected or remedied within an identified period of time determined necessary to correct the substantial failure prior to the expiration of the certificate license. If the substantial failure cannot be corrected or remedied within an identified period of time prior to the expiration of the certificate license, then the Director shall revoke the certificate license.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

SUBPART K: WAIVER PROVISIONS

Section 535.750 Waiver Provisions

- a) The Department may grant a waiver to any provision of this Part for a specified period of the time determined appropriate by the Department when it can be demonstrated that there will be no reduction in standards of medical care (Section 13.1 of the Act).
- b) An application for waiver shall be submitted in writing to the Department, and shall contain the following information:
 - 1) The applicant's name, address, and license or certification number (if applicable).
 - 2) The Section of this Part for which the waiver is being sought,
 - 3) An explanation of why the applicant considers compliance with the Section to be a hardship, including a description of how the applicant has attempted to comply with the Section,
 - 4) The period of time for which the waiver is being sought,
 - 5) An explanation of how the waiver will not reduce the standards of medical care established by the Act and this Part, and
 - 6) If the applicant is a System Participant, the applicant's Project Medical Director shall state in writing whether the PMD recommends or opposes the application for waiver, the PMD's

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reason for such recommendation or opposition, and the PMD's statement of how the waiver will or will not reduce the standards of medical care established by the Act and this Part. The applicant shall submit the PMD's statements along with the application for waiver.

- c) A Project Medical Director may apply to the Department for a waiver on behalf of a System Participant, by submitting an application which contains all of the information required by subsection (b) of this Section, along with a statement signed by the System Participant requesting or authorizing the PMD to make such application.
- d) The Department shall review all requests for waivers which contain all of the information required by subsection (b) of this Section.
- e) The Department shall grant the requested waiver if it finds that:
 - 1) The waiver will not reduce the standards of medical care established by the Act and this Part,
 - 2) Full compliance with the regulation at issue is or would be a hardship on the applicant,
 - 3) For an EMT seeking a waiver to extend a recertification relicensure date in order to complete recertification relicensure requirements,

A) The EMT has previously received no more than one (1) extension since his or her last recertification relicensure, and

B) The EMT has not established a pattern of seeking extensions (e.g. 2 waivers sought based on the same type of hardship in two (2) or more previous certification license periods).

4) For an applicant other than an EMT,

A) The applicant has previously received no more than one (1) waiver of the same regulation during the current license or designation year, and

B) The applicant has not established a pattern of seeking waivers of the same regulation during previous license or designation years, and

C) Unless the Department finds that the hardship preventing compliance with the particular regulation is of an ongoing nature.

f) When granting a waiver, the Department shall specify the regulation or portion thereof which is being waived, any alternate requirement which the waiver applicant shall meet, and any procedures or timetable which the waiver applicant shall follow in order to achieve compliance with the waived regulation.

g) The Department shall determine the length of any waiver which it grants, based on the nature and extent of the hardship, and the medical needs of the community or areas in which the waiver applicant functions.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

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SUBPART L: REGISTERED PROFESSIONAL NURSE
(FIELD RN/MICN)

Section 535.810 Field RN Training

- a) Applications for approval of Field RN Training programs shall be filed with the Department on forms prescribed, prepared and furnished by the Department and similar to those prescribed for EMT-P training programs.
- b) Applications for approval shall be submitted at least thirty (30) days in advance of the first scheduled class.
- c) The Project Medical Director of the EMS System shall attest that the training program shall include:

- 1) A course in extrication training which is based upon the United States Department of Transportation, National Standard Curriculum for EMT-Ambulance,
- 2) A course which is based upon the United States Department of Transportation, National Standard Curriculum for EMT-Paramedic, Division 1, Pre-Hospital Environment, Sections 1 through 7,
- 3) The American Heart Association Advanced Cardiac Life Support (ACLS) course or a course in dysrhythmia identification, therapeutic modalities, pharmacokinetics, intubation, defibrillation and management of cardiac resuscitation which is based upon the ACLS course,
- 4) A pre-hospital trauma course, which shall be either trauma nurse specialist or nurse trauma life support or their equivalents as approved by the Project Medical Director (Section 4.21 of the Act), and
- 5) Completion of the necessary field experience required by the program as approved by the Department on a State-approved EMS System vehicle supervised by a certified licensed EMT-P with a minimum of one year's experience, a Field RN with a minimum of one year's field experience, or a physician with critical care knowledge and experience on an EMS vehicle.

(Source: Amended at 17 Ill. Reg. 8196, effective May 21, 1993)

SUBPART N: ADMINISTRATIVE WARNINGS AND FINES

Section 535.1000 Administrative Warnings and Fines

- a) The Director shall investigate complaints that a facility, pre-hospital care provider or system participant has violated any provision of the Act or any protocol, standard or rule adopted pursuant thereto (Section 25(c) of the Act).
- b) If the Director finds that such a violation has occurred, he or she may issue to the facility, pre-hospital care provider or system participant a Notice of Administrative Warning. Such notice shall

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include:

- 1) A description of the violation.
- 2) A citation to the Section of the Act, rule, protocol or standard alleged to have been violated.
- 3) A description of any corrective action which the facility, pre-hospital care provider or System participant may take in order to abate the Notice of Administrative Warning, if any, and the opportunity to request an administrative hearing prior to implementation of the administrative warning, provided such request for a hearing is made within 15 days after mailing or service of the notice (Sections 25 (c), (d) of the Act).
- c) In addition, the Director may issue a Notice of Fine, under the following conditions:
 - 1) If the Director determines that the violation creates or created a condition or occurrence presenting a substantial probability that death or serious physical harm to an individual will result therefrom, the Director may impose a fine not exceeding \$10,000.
 - 2) If the Director determines that the violation creates or created a condition or occurrence which threatens the health, safety or welfare of an individual, the Director may impose a fine not exceeding \$5,000 (Section 25(c) of the Act).
 - 3) In determining the amount of a fine, the Director shall also consider the following factors:
 - A) The severity of the actual or potential harm to an individual.
 - B) The numbers and types of protocols, standards, rules or Sections of the Act which were violated in the course of creating the condition or occurrence at issue.
 - C) The reasonable diligence exercised by the facility, pre-hospital care provider or System participant to avoid the violation(s) or to reduce the potential harm to individuals.
 - D) Efforts by the facility, pre-hospital care provider or System participant to correct the violation(s).
 - E) Any previous violation(s) of a like or similar nature by the facility, pre-hospital care provider or System participant.
 - F) Any financial benefit to the facility, pre-hospital care provider or System participant of continuing the violation(s).
- 4) The Notice of Fine shall include:
 - A) A description of the violation(s) for which the fine is being imposed.
 - B) A citation to the Sections of the Act, rules, protocols or standards alleged to have been violated.
 - C) The amount of the fine.
 - D) The opportunity to request an administrative hearing prior to imposition of the fine, provided such request for a hearing is made within 15 days after mailing or service of the notice (Section 25(c), (d) of the Act).

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5) All fines shall be paid to the Department within the following time periods:

A) If the fine is not contested, no later than 10 days after the Notice of Fine.

B) If the fine is contested under Section 25(d) of the Act, no later than 10 days after receipt of the Director's Final Order, unless the facility, pre-hospital care provider or System participant appeals the Director's Final Order pursuant to the provisions of the Administrative Review Law and the reviewing court issues an order staying the Director's Final Order.

d) For purposes of this Section:

1) "Facility" means a trauma center, resource hospital, associate hospital, participating hospital, or another hospital.

2) "Pre-Hospital Care Provider" means an ambulance service provider or specialized emergency medical service vehicle which is not owned, operated, licensed or regulated by any unit of local government, or an Emergency Medical Technician-Ambulance (EMT-A) who is not affiliated with an EMS System.

3) "System Participant" means an EMS System Coordinator, Associate Hospital EMS Coordinator, or Field RN, MICN or physician serving on an ambulance or giving voice orders to field personnel. (Section 25(c) of the Act.)

(Source: Added at 17 Ill. Reg. 8196, effective May 21, 1993)

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1) The Heading of the Part:

Illinois Trauma Center Code

2) Code Citation:

77 Ill. Adm. Code 540

3) Section Numbers:

540.65

Amendment

540.70

Amendment

540.80

Amendment

4) Statutory Authority:

The Emergency Medical Services (EMS) Systems Act (Ill. Rev. Stat. 1991, ch. 111 1/2, par. 5501 et seq.)

5) Effective Date of Amendments: May 21, 1993

6) Does this Rulemaking Contain an Automatic Repeal Date? No

7) Does this Rulemaking Contain any Incorporations by Reference? No

8) Date Filed in Agency's Principal Office: May 21, 1993

9) Date Notice of Proposed Amendments was Published in the Illinois Register:

16 Ill. Reg. 15023 - October 2, 1992

10) Has the Joint Committee on Administrative Rules Issued a Statement of Objection to this Rulemaking? No

If Yes, Date Agency Response Submitted for Approval to ICAR:

Date Statement of Objection was Published in the Illinois Register:

11) Difference Between Proposal and Final Version:

"(Section 27e of the Act)" has been added after the statutory language in Section 540.90(c)(6)(A)(ii).

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Section 540.90(c)(6) has been modified to read "Written Protocols" and the subsections of subsection (c)(6) have been relabeled as (A), A(i) and (A)(ii), (B), and (C).

In addition, various technical changes recommended by the Administrative Code Division and the Joint Committee on Administrative Rules have been made.

- 12) Have all the changes agreed upon by the Agency and the Joint Committee been made as indicated in the agreement letter issued by the Joint Committee?

All changes agreed upon by the Department and the Joint Committee on Administrative Rules have been made.

- 13) Will the Amendments Replace an Emergency Rule Currently in Effect? No

- 14) Are there any other Amendments Pending on this Part? No

- 15) Summary and Purpose of Amendments:

This rulemaking amends the Trauma Center Code to require that bypass protocols be written which specify that patients be transported to the nearest Trauma Center unless medical benefits of transporting to a more distant center outweigh the risks in accordance with P.A. 86-1461.

In Section 650.65, the words "or specialty" have been added after "general" and before "surgery".

In Sections 540.70(c)(1)(A) and 540.80(f)(1)(A), subsection (ii) has been deleted and replaced by the following language:

completion of 12 months of internship, followed by at least 7,000 hours of hospital-based Emergency Medicine over at least a 60 month period (including 2800 hours within one 24-month period), verified in writing by the hospital(s) at which the internship and subsequent hours were completed, and continuing medical education in Emergency Medicine totalling 50 hours for each post-internship year in which the physician completed any hospital-based Emergency Medicine hours (the physician may attend less than 50 hours in any given year provided the total number averages 50 hours per year of practice); or

Section 540.80(c) has been amended to add that a surgeon must assess and treat patients within 30 minutes of their being declared a trauma patient. The additional language also allows a patient with isolated injuries to be seen by a specialty surgical service in lieu of a trauma surgeon.

In Section 540.90(c)(1)(A), language has been added to require that the Trauma Center's protocols address which trauma patients with isolated injuries may be treated by a specialty

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surgical service.

Section 540.90(c)(6) has been added to require that patients be transported to the nearest Trauma Center unless medical benefits outweigh risks in accordance with P.A. 86-1461.

- 16) Information and Questions Regarding this Adopted rulemaking shall be directed to:

Ms. Gail M. DeVito, Division of Governmental Affairs, Illinois Department of Public Health, 535 West Jefferson, Fifth Floor, Springfield, Illinois 62761 (217)782-6187.

The full text of the Adopted Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

PART 540

ILLINOIS TRAUMA CENTER CODE

Section	Purpose and Applicability
540.10	Definitions
540.20	Incorporated Materials
540.30	Trauma Center Designation Delegation to Local Health Departments
540.35	Trauma Region Designation
540.40	Trauma Center Designation
540.50	Application Process
540.60	Trauma Patient Evaluation
540.65	Level I Trauma Center Designation Criteria
540.70	Level II Trauma Center Designation Criteria
540.80	Trauma Region Plan
540.90	Uniform Reporting Requirements
540.100	Term of Designation
540.110	Renewal of Designation
540.120	Inspections and Investigations
540.130	Denial of Application for Designation or Request for Renewal
540.140	Voluntary Termination of Designation
540.150	Compensatory Provisions and Shortage Areas
540.160	Misrepresentation
540.170	Failure to Develop Protocols
540.180	Confidentiality and Immunity
540.190	Inspection and Revocation of Designation
540.200	Level I Trauma Center Grants
540.210	A Request for Designation (RFD) Trauma Center

APPENDIX A Implementing and authorized by Emergency Medical Services (EMS) Systems Act (Ill. Rev. Stat. 1991, ch. 111 1/2, pars. 5501 et seq.).

SOURCE: Adopted at 11 Ill. Reg. 20153, effective December 1, 1987; amended at 13 Ill. Reg. 15441, effective September 15, 1989; emergency amendment at 14 Ill. Reg. 13856, effective August 13, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 19041, effective December 15, 1990; amended at 15 Ill. Reg. 1084, effective January 15, 1991; amended at 17 Ill. Reg. 8258, effective May 21, 1993.

Section 540.65 Trauma Patient Evaluation

- a) Patients classified as trauma cases in the field or in any pre-hospital setting, in accordance with the Trauma Region Plan, shall be evaluated by the trauma center's attending emergency department physician or designee immediately upon arrival at the emergency

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department.

- b) Hospital triage in Level I and Level II Trauma Centers shall be established so that all patients presented to the emergency department as a result of injury shall be evaluated to assess whether or not the patient should be classified as a trauma case, in accordance with the Trauma Region Plan. This evaluation shall be conducted by the attending emergency department physician or his/her designee or a registered nurse or trauma surgeon who is covering the emergency department. The evaluation shall be conducted within 10 minutes of the patient's arrival at the emergency department.
- c) The response period for trauma, or general or specialty surgery, as specified in Section 540.80(c), shall begin when a patient is classified as a trauma case, either by field triage protocols as established by that Region's Trauma Plan, or by hospital triage.

(Source: Amended at 17 Ill. Reg. 8258, effective May 21, 1993)

Section 540.70 Level I Trauma Center Designation Criteria

- a) The Level I Trauma Center, under the direction of the Level I Trauma Center Medical Director, shall be responsible for the coordination and management of trauma care in the Trauma Region. This responsibility includes obtaining the cooperation of all Level II Trauma Centers, Affiliate Trauma Hospitals, and EMS Systems in the Trauma Region.
- b) The Trauma Center Medical Director shall be a trauma surgeon, American College of Surgeons board certified, with at least one year of experience in trauma care and with twenty-four (24) hour independent operating privileges.
- c) The Trauma Center shall provide a Trauma Service separate from the general surgery service, which is an identified hospital service functioning under a designated director and staffed by general or trauma surgeons with one year of experience in trauma, and who are available twenty-four (24) hours a day in-house. This requirement may be fulfilled by residents with a minimum of four (4) years of general surgery residency training with independent operating privileges, with a staff specialist on call and available within thirty (30) minutes.
- d) The Trauma Center shall provide the following surgical services within thirty (30) minutes:
- 1) Cardiothoracic;
 - 2) Neurosurgical;
 - 3) Obstetrics;
 - 4) Orthopedic;
 - 5) Replantation;
 - 6) Vascular;
 - 7) Ophthalmologic;
 - 8) Oral-Dental;
 - 9) Otorhinolaryngologic;
 - 10) Plastic/Maxillofacial;

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- 11) Urologic; and
- 12) Pediatric general surgery
- e) The Trauma Center shall provide the following nonsurgical services within the designated times:
- 1) Emergency Medicine staffed twenty-four (24) hours a day in the Emergency Department by:
- A) A physician who has competency in trauma as demonstrated by:
- i) board certification by the American Board of Emergency Medicine; or
 - ii) completion of twelve (12) months of internship, followed by at least 7000 hours of hospital-based Emergency Medicine over at least a 60 month period (including 2800 hours within one 24-month period), verified in writing by the hospital(s) at which the internship and subsequent hours were completed, and continuing medical education totalling 50 hours for each post-internship year in which the physician completed any hospital-based Emergency Medicine hours (the physician may attend less than 50 hours in any given year provided the total number averages 50 hours per year of practice); or
 - iii) completion--of--twelve--to--thirty--months--of--internship--followed by--sixty--(60)--months--plus--seven--thousand--(7,000)--hours of--hospital--based--Emergency--Medicine--(two--thousands eight--hundred--(2,000)--of--the--seven--thousand--(7,000) hours--must--be--completed--within--one--twenty--four--(24) month--period)--and--fifty--(50)--hours--of--continuing medical--education--in--Emergency--Medicine--for--each complete--year--of--practice--or
 - iii) completion of a residency in Emergency Medicine in a residency program approved by the Residency Review Committee for Emergency Medicine; and
- B) Registered Professional Nurses.
- 2) Anesthesiology Services:
- A) The anesthesiology service or department shall be supervised by anesthesiologists. "Supervise", for the purposes of this subsection, means to manage, control and direct the services performed, including being present in the trauma center and immediately available for consultation while the services are being performed.
- B) Anesthesiology services shall be available twenty-four (24) hours a day in-house.
- C) Direct patient care services may be performed by an anesthesiologist or a certified registered nurse anesthetist (CRNA) acting under the direct supervision of an anesthesiologist.
- 3) Radiology staffed by:
- A) A technician with the ability to perform a computerized

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- axial tomography (CAT) scan twenty-four (24) hours a day in-house; and
- B) A radiologist with the ability to read CAT scans and perform angiography available within thirty (30) minutes.
- 4) Intensive Care Medicine Unit having available twenty-four (24) hours a day in-house:
- A) A physician credentialed by the hospital. This requirement may be fulfilled by second and third year residents who have had adult intensive care training and are under the supervision of a staff physician possessing full adult intensive care privileges;
- B) Registered Professional Nurses; and
- C) The following equipment:
- i) Airway control and ventilation devices;
 - ii) Oxygen source with concentration controls;
 - iii) Cardiac emergency cart;
 - iv) Temporary transvenous pacemaker;
 - v) Electrocardiograph-oscilloscope-defibrillator;
 - vi) Cardiac output monitoring;
 - vii) Electronic pressure monitoring;
 - viii) Mechanical ventilator-respirators;
 - ix) Patient weighing devices;
 - x) Pulmonary function measuring devices;
 - xi) Temperature control devices;
 - xii) Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements, 77 Ill. Adm. Code 250, specifically 250.1050, 250.2140, and 250.2710;
 - xiii) Intracranial pressure monitoring devices;
 - xiv) Temporary pacemaker; and
 - xv) Intra-aortic balloon pump capability.
- 5) Laboratory twenty-four (24) hours a day in-house, providing the following:
- A) Standard analysis of blood, urine, and other body fluids;
 - B) Blood typing and cross-matching;
 - C) Coagulation studies;
 - D) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements, 77 Ill. Adm. Code 250, specifically 250.520);
 - E) Blood gases and pH determinations;
 - F) Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and
 - G) Drug and alcohol screening.
- 6) Cardiology -- sixty (60) minutes;
- 7) Internal Medicine -- sixty (60) minutes;
- 8) Neuroradiology staffed by a radiologist with the ability to read CAT scans and perform angiography -- thirty (30) minutes;
- 9) Pediatrics -- sixty (60) minutes;

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- 10) Postanesthetic recovery room twenty-four (24) hours a day;
- 11) Acute hemodialysis capability twenty-four (24) hours a day or a transfer agreement;
- 12) Burn center staffed by Registered Nurses trained in burn care twenty-four (24) hours a day or a transfer agreement;
- 13) Acute spinal cord injury management twenty-four (24) hours a day or a transfer agreement; and
- 14) Replantation service within thirty (30) minutes, or a transfer agreement.

f) The Trauma Center shall meet the following professional staff requirements:

- 1) The Emergency Department Director shall be a physician board certified by the American Board of Emergency Medicine;
- 2) The nurses in charge on each shift in the Emergency Department and the Trauma Service shall be Registered Nurses with at least two years of experience in trauma care. The staffing requirement for the Trauma Service shall be based upon the average census and acuity, as determined by historical trends and patterns. Staffing shall be at least one Registered Nurse who has completed the Trauma Nurse Specialist Course or a course approved by the Department as equivalent to the standards set forth in the Trauma Nurse Specialist Course Code (77 Ill. Adm. Code 542), and a recognized course in advanced cardiac care, such as the American Heart Association's Advanced Cardiac Life Support class, for every per average trauma patient indicated by the average census and acuity. This staffing requirement for the Trauma Service shall be exclusive of the charge nurses and the staffing of the Emergency Department. In addition, this requirement in no way limits the utilization of the nursing staff assigned to the Trauma Service in the Emergency Department when the nursing staff is not needed in the Trauma Service. An approval of an equivalent for the purpose of this Section may be requested by submitting a written proposal to the Department. Any written proposal shall include a detailed description of the proposed equivalent, an analysis of the differences between the equivalent and the provisions of this Section, and an explanation of the effect of these differences on the qualifications of the individual. The capability of the proposed equivalent to provide the knowledge and experience provided by the provisions of this Section based upon the information submitted shall be the basis for approval or denial of the request for approval of a proposed equivalent; and
- 3) An operating room shall be staffed in-house and available twenty-four (24) hours a day.

g) The Trauma Center shall provide and maintain the following equipment:

- 1) Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, and mechanical ventilator;
- 2) Suction device;

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- 3) Electrocardiograph-oscilloscope-defibrillator;
 - 4) Apparatus to establish central venous pressure monitoring;
 - 5) All standard intravenous fluids and administration devices, including normal saline, half normal saline, lactated ringers, macro drop, micro drop, blood tubing, blood pump and intravenous catheters.
 - 6) Sterile surgical sets of procedures standard for ED, such as cricothyrotomy, tracheostomy, thoracotomy, thoracostomy, and cut down;
 - 7) Gastric lavage equipment;
 - 8) Drugs and supplies necessary for emergency care;
 - 9) X-ray and CAT scan capability, 24 hour coverage by in-house technicians;
 - 10) Spinal immobilization equipment;
 - 11) Temporary pacemaker; and
 - 12) Specialized pediatric resuscitation cart in the Emergency Area.
- h) The Trauma Center must provide helicopter landing capabilities approved by State and Federal authorities. (Section 27(a)(13) of the Act). The helicopter landing capabilities shall:
- 1) Comply with the Aviation Safety Rules of the Illinois Department of Transportation (92 Ill. Adm. Code 14.790, 14.792, 14.795);
 - 2) Be covered by a favorable airspace determination letter issued by the Federal Aeronautics Administration pursuant to Sections 307 and 309 of the Federal Aviation Act of 1958, and 14 CFR Part 157 and 14 CFR Part 77, Subpart D; and
 - 3) Be provided on the campus of the Trauma Center.
- i) The Trauma Center shall perform medical audits of its trauma services quarterly, the results of which shall be forwarded to the Department.
- j) The Trauma Center shall provide a proposed Trauma Region Plan which shall include the following:
- 1) The protocols for treating patients in the Level I Trauma Center;
 - 2) The protocols for transferring trauma patients to more specialized care;
 - 3) Procedures for the development, maintenance and updating of region wide protocols as required in Section 540.90 of this Part;
 - 4) Recommendations for Level II Trauma Center designations and Affiliate Trauma Hospitals to serve the Trauma Region;
 - 5) Sample agreements with the recommended hospitals outlining their respective responsibilities in providing Trauma Services and the integration of communications in the Trauma Region;
 - 6) Sample agreements with all EMS systems providing services within the Trauma Region to assure integration of communications and transportation;
 - 7) A disaster preparedness plan which explains the actions and responsibilities of the Level I Trauma Center, the EMS systems, the recommended Level II Trauma Centers and the recommended Affiliate Trauma Hospitals within the Trauma Region. This may incorporate or consist of existing Disaster Plans; and
 - 8) The procedures for reviewing the medical audits performed by

Level II Trauma Centers within the Trauma Regions to assure compliance with the written agreements required by Section 540.90 of this Part.

(Source: Amended at 17 Ill. Reg. 8258, effective May 21, 1993.)

Section 540.80 Level II Trauma Center Designation Criteria

- a) A Level II Trauma Center, under the direction of a Level II Trauma Center Medical Director, shall be responsible for providing trauma care in accordance with the Trauma Region Plan.
- b) The Trauma Center Medical Director shall be a trauma surgeon, American College of Surgeons board certified in surgery, with at least one year of experience in trauma care and with twenty-four (24) hour independent operating privileges.

c) The Trauma Center shall provide a Trauma Service, which is an identified hospital service functioning under a designated director and staffed by general or trauma surgeons with one year of experience in trauma, and who are available within thirty (30) minutes, arrive at the hospital to assess and treat the trauma patient within 30 minutes of the patient being declared as a trauma pursuant to Section 540.65 of this Part. The Trauma Center shall maintain a call schedule that identifies at least a primary surgeon and a back up surgeon.

- 1) The Trauma Center shall have the option of allowing the emergency department personnel to determine that a trauma patient with isolated injuries may be treated by one of the specialty surgical services listed in subsection (d) or (e) below, in lieu of a trauma surgeon. Such services shall be provided within 30 minutes of the patient being declared as a trauma.

- 2) A Trauma Center electing to implement subsection (c)(1) above shall follow the protocols established in Section 540.90 (c)(1)(A) of this Part.

d) The Trauma Center shall provide the following surgical services within sixty (60) minutes:

- 1) Cardiothoracic;
- 2) Obstetrics;
- 3) Orthopedic; and
- 4) Urologic.

e) The Trauma Center shall provide the following surgical services within sixty (60) minutes or by transfer agreement:

- 1) Neurologic;
- 2) Ophthalmologic;
- 3) Oral-Dental;
- 4) Otorhinolaryngologic;
- 5) Replantation; and
- 6) Plastic/Maxillofacial.

f) The Trauma Center shall provide the following nonsurgical services within the designated times:

- 1) Emergency Medicine staffed twenty-four (24) hours a day in the Emergency Department by:

A) A physician who has competency in trauma as demonstrated by:

- i) board certification by the American Board of Emergency Medicine; or

ii) completion of 12 months of internship, followed by at least 7,000 hours of hospital-based Emergency Medicine over at least a 60-month period (including 2800 hours within one 24-month period), verified in writing by the hospital(s) at which the internship and subsequent hours were completed, and continuing medical education in Emergency Medicine totalling 50 hours for each post-internship year in which the physician completed any hospital-based Emergency Medicine hours (the physician may attend less than 50 hours in any given year provided the total number averages 50 hours per year of practice); or

iii) completion of--of--twelve--(12)--months--of--internship; followed by--sixty--(60)--months--plus--seven--thousand--(7,000)--hours--of--hospital--based--Emergency--Medicine (two--thousand--eight--hundred--(2800)--of--the--seven--thousand--(7,000)--hours--must--be--completed--within--one--month--period)--and--fifty--(50)--hours--of--continuing--medical--education--in--Emergency--Medicine for--each--complete--year--of--practice; or

iii) completion of a residency in Emergency Medicine in a residency program approved by the Residency Review Committee for Emergency Medicine; and

- B) Registered Professional Nurses.

A) Anesthesiology services shall be in compliance with the Hospital Licensing Act. (Ill. Rev. Stat. 1987 1991, ch. 111 1/2, par. 142 et seq.) and the Hospital Licensing Requirements, 77 Ill. Adm. Code 250.1410. Such services shall be available within thirty (30) minutes.

B) Direct patient care services may be performed by an anesthesiologist or a certified registered nurse anesthetist (CRNA).

- 3) Laboratory -- twenty-four (24) hours a day in-house, providing the following:

- A) Standard analysis of blood, urine, and other body fluids;
- B) Blood typing and cross-matching;
- C) Coagulation studies;
- D) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (See Hospital Licensing Requirements, 77 Ill. Adm. Code 250, specifically 250.520);
- E) Blood gases and pH determinations;

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- F) Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and
- G) Drug and alcohol screening.
- 4) Radiology staffed by:
- A technician with the ability to perform a CAT scan available within thirty (30) minutes; and
 - A radiologist with the ability to read CAT scans and perform angiography available within sixty (60) minutes.
- 5) Cardiology -- sixty (60) minutes;
- 6) Internal Medicine -- sixty (60) minutes;
- 7) Postanesthetic recovery room staffed and available within thirty (30) minutes.
- 8) Intensive Care Medicine Unit having available the following:
- A physician credentialed by the hospital and available within thirty (30) minutes. This requirement may be fulfilled by second and third year residents who have had adult intensive care training and are under the supervision of a staff physician possessing full adult intensive care privileges;
 - Registered Professional Nurses twenty-four (24) hours a day in the Intensive Care Unit; and
 - The following equipment twenty-four (24) hours a day in-house:
 - Airway control and ventilation devices;
 - Oxygen source with concentration controls;
 - Cardiac emergency cart;
 - Temporary transvenous pacemaker;
 - Electrocardiograph-oscilloscope-defibrillator;
 - Pulmonary function measuring devices;
 - Temperature control devices;
 - Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements, 77 Ill. Adm. Code 250, specifically 250.1050, 250.2140, and 250.2710;
 - Temporary pacemaker;
 - Mechanical ventilator-respirators; and
 - Patient weighing devices.
- 9) Pediatrics -- sixty (60) minutes;
- 10) Acute hemodialysis capability twenty-four (24) hours a day or a transfer agreement;
- 11) Burn center staffed by Registered Nurses trained in burn care twenty-four (24) hours a day or a transfer agreement; and
- 12) Acute spinal cord injury management twenty-four (24) hours a day or a transfer agreement.
- g) The Trauma Center shall meet the following professional staff requirements:
- The Emergency Department Director shall be a physician board certified by the American Board of Emergency Medicine, or a physician that has completed 12 months of internship, followed by

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- 60 months plus 7,000 hours of hospital based Emergency Medicine (2800 of the 7,000 hours must be completed within one twenty-four (24) month period), and 50 hours of continuing medical education in Emergency Medicine for each complete year of practice, or a physician that has completed a residency program approved by the Residency Review Committee for Emergency Medicine;
- 2) The nurse in charge on each shift in the Emergency Department and for the Trauma Service shall be a Registered Nurse. The staffing requirements for the Trauma Service shall be based upon the average census and acuity, as determined by historical trends and patterns. Staffing shall be at least one Registered Nurse who has completed the Trauma Nurse Specialist Course or a course approved by the Department as equivalent to the standards set forth in the Trauma Nurse Specialist Course Code (77 Ill. Adm. Code 542), and a recognized course in advanced cardiac care, such as the American Heart Association's Advanced Cardiac Life Support class, for every per average trauma patient indicated by the average census and acuity. This staffing requirement for the Trauma Service shall be exclusive of the charge nurses and the staffing of the Emergency Department. In addition, this requirement in no way limits the utilization of the nursing staff assigned to the Trauma Service in the Emergency Department when the nursing staff is not needed in the Trauma Service. An approval of an equivalent for the purpose of this Section may be requested by submitting a written proposal to the Department. Any written proposal shall include a detailed description of the proposed equivalent, an analysis of the differences between the equivalent and the provisions of this Section, and an explanation of the effect of these differences on the qualifications of the individual. The capability of the proposed equivalent to provide the knowledge and experience provided by the provisions of this Section based upon the information submitted shall be the basis for approval or denial of the request for approval of a proposed equivalent; and
- An operating room shall be staffed and available within thirty (30) minutes twenty-four (24) hours a day.
- h) The Trauma Center shall provide and maintain the following equipment:
- Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, and resuscitator, sources of oxygen, and mechanical ventilator;
 - Suction device;
 - Electrocardiograph-oscilloscope-defibrillator;
 - Apparatus to establish central venous pressure monitoring;
 - All standard intravenous fluids and administration devices, including normal saline, half normal saline, lactated ringers, macro drop, micro drop, blood tubing, blood pump and intravenous catheters;
 - Sterile surgical sets of procedures standard for ED, such as

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cricothyrotomy, tracheostomy, thoracotomy, thoracostomy, and cut down;

- 7) Gastric lavage equipment;
- 8) Drugs and supplies necessary for emergency care;
- 9) X-ray and CAT scan capability, available within thirty (30) minutes;

10) Spinal immobilization equipment;

11) Temporary pacemaker; and

- i) The Trauma Center must provide helicopter landing capabilities approved by State and Federal authorities. (Section 27(a)(13) of the Act). The helicopter landing capabilities shall:

- 1) Comply with the Aviation Safety Rules of the Illinois Department of Transportation (92 Ill. Adm. Code 14.790, 14.792, 14.795);
 - 2) Be covered by a favorable airspace determination letter issued by the Federal Aeronautics Administration pursuant to Sections 307 and 309 of the Federal Aviation Act of 1958, and 14 CFR Part 157 and 14 CFR Part 77, Subpart D; and
 - 3) Be provided on the campus of the Trauma Center.
- j) The Trauma Center shall perform medical audits of its trauma services quarterly, the results of which shall be forwarded to the Department and to the Level I Trauma Center serving the Trauma Region; and
- k) The Trauma Center shall provide annually written protocols concerning the following:
- 1) The treatment of trauma patients in the Trauma Center; and
 - 2) The transfer of trauma patients to the Level I Trauma Center serving the Trauma Region or a more specialized level of care.

(Source: Amended at 17 Ill. Reg. 8258, effective May 21, 1993)

Section 540.90 Trauma Region Plan

- a) Within six (6) months of designation by the Department, the Level I Trauma Center serving a Trauma Region shall submit to the Department a Trauma Region Plan. If more than one Level I Trauma Center serves a Trauma Center Region, then the Level I Trauma Centers must establish and implement an agreement of cooperation for the review and coordination of services within the Trauma Center Region.
- b) The Level I Trauma Center shall assemble a committee which shall develop the Trauma Region Plan. The Committee shall consist of:
 - 1) The Trauma Region's Level I Trauma Center Medical Director;
 - 2) The Trauma Region's Level II Trauma Center Medical Directors;
 - 3) The Project Medical Directors from all the EMS Systems within the Trauma Region;
 - 4) The Project Medical Directors from all EMS Systems outside the Trauma Region which transfer patients into the Trauma Region;
 - 5) Administrators of the associate hospitals of the EMS System of which the prehospital care provider is a part;

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- 6) Nursing Directors of the associate hospitals of the EMS System of which the prehospital care provider is a part.

7) A representative of an ambulance service provider from each EMS system within the trauma region. (Section 27e of the Act).

- c) The Trauma Region Plan shall include but not be limited to the following:

1) Protocols addressing the following:

- A) The treatment of trauma patients in each Trauma Center in the Trauma Region. These protocols shall address which trauma patients with isolated injuries may be treated by a specialty surgical service in lieu of a trauma surgeon, pursuant to Section 540.80 (c)(1) of this Part. The protocols shall also specify that any patient not specifically identified as one who may be treated by a specialty surgical service shall be treated by a trauma surgeon;

- B) The evaluation and identification of when patients shall be transported to a Trauma Center, Affiliate Trauma Hospital, or other hospital;

- C) The bypassing of any level Trauma Hospital;

- D) The transfer of trauma patients to a Level I Trauma Center or to more specialized care;

- E) Field triage;

- F) Hospital triage;

- G) Medical/legal issues; and

- H) Local conflict mediation.

2) Written agreements addressing the following:

- A) The respective responsibilities of the Level I Trauma Center, the Level II Trauma Centers, the Affiliate Trauma Hospitals and the EMS Systems within the Trauma Region in providing integrated trauma services, transportation and communications; and

- B) The respective responsibilities of EMS Systems and hospitals in providing specialty care outside of the Trauma Region in providing trauma patient care.

3) A Disaster Preparedness Plan which includes the actions and responsibilities of the Level I Trauma Center, the Level II Trauma Centers, the Affiliate Trauma Hospitals and the EMS Systems within the Trauma Region.

- 4) A program for conducting a quarterly conference which shall include at a minimum a discussion of morbidity and mortality between all professional staff involved in the care of trauma patients at all Trauma Centers and Affiliate Trauma Hospitals and.

- 5) A program for informing all participants involved in the care of trauma patients within the Trauma Region of field triage treatment protocols and all other aspects of the Trauma Region Plan.

6) Written Protocols

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A) Written protocols which shall provide that a person shall not be transported to a facility other than the regional trauma center or the nearest trauma center or hospital unless the Project Medical Director or his qualified designee has determined and certified that, based upon the reasonable risks and benefits to the patient, and based on the information available at the time:

i) the medical benefits reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, and

ii) the more distant facility has available space and qualified personnel for the treatment of the patient. (Section 27e of the Act) A trauma center, associate hospital or participating hospital affiliated with the EMS System may be presumed to have available space and qualified personnel in accordance with its level of participation within the System, unless such facility has notified the Project Medical Director that it has a shortage or limitation of space or qualified personnel.

B) The Trauma Region's protocols shall be consistent with the protocols of the EMS System within the Region, including but not limited to, a System's protocols for accommodating the patient's choice of facility other than the nearest hospital or trauma center.

C) For purposes of this subsection, the "nearest hospital" is the hospital which is closest to the scene of the emergency as determined by travel time, and which operates a full-time emergency department at the minimum level recognized by the System in its Department approved Program Plan. The "nearest trauma center" is either the Level I Trauma Center serving the trauma region in which the EMS System is located or the Level II Trauma Center which is closest to the scene of the emergency as determined by travel time.

d) Revised Trauma Score

1) The Revised Trauma Score, as specified by the American College of Surgeons, shall be used in all Trauma Regions. The Revised Trauma Score is determined by using the following criteria:

A) Respiratory Rate	Value	Points
	10-29/Min	4
	less than 29/Min	3
	6-9/Min	2
	1-5/Min	1
	0	0
B) Systolic Blood Pressure	greater than 89	4
	76-89	3

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C) Glasgow Coma Scale		
i) Eye Opening Response	50-75	2
Spontaneous	1-49	1
To Voice	0	0
To Pain		
None		2
ii) Best Verbal Response		1
Oriented		5
Confused		4
Inappropriate Words		3
Incomprehensible Sounds		2
None		1
iii) Best Motor Response		6
Obeys Commands		5
Localizes (Pain)		4
Withdraw (Pain)		3
Flexion (Pain)		2
Extension (Pain)		1
None		

Total	Revised Trauma Points
GCS	= 4
13-15	= 3
9-12	= 2
6-8	= 1
4-5	= 0
3	

REVISED TRAUMA SCORE = Total Points A + B + C

2) Each Trauma Region may include other criteria in addition to the Revised Trauma Score in defining a trauma patient and specifying where trauma patients should be transported according to the severity of the injury.

(Source: Amended at 17 Ill. Reg. 8258, effective May 21, 1993)

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1) Heading of Part: Issuance of Licenses

2) Code Citation: 92 Ill. Adm. Code 1030

3) Section Numbers Adopted Action

1030.16 New Section
1030.18 New Section

4) Statutory Authority: Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code (Ill. Rev. Stat. ch. 95 1/2, par. 2-104(b)) [625 ILCS 5/2-104(b)] and "Section 6-104(a) of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1989, ch. 95 1/2, par. 6-104(a)) [625 ILCS 5/2-104(a)]."

5) Effective Date of Amendments: May 24, 1993

6) Does this rulemaking contain an automatic repeal date? No

7) Does this amendment contain incorporations by reference? No

8) Date Filed in Agency's Principal Office: May 24, 1993

9) Notice of Proposal Published in Illinois Register: 17 Ill. Reg. 956/1219 (January 29, 1993)

10. Has JCAR Issued a Statement of Objections to this Rule? No

11) Differences between proposal and final version:

Pursuant to suggestions from the Administrative Code Division of the Secretary of State's Office: It was necessary to integrate the new ILCS citations in brackets following all references to the Ill. Rev. Stat. In the Table of Contents the words "emergency expired" were inserted and the word 'EMERGENCY' was removed following the heading for Section 1030.12. The source note was corrected to read "emergency amendment at 16 Ill. Reg. 12228, effective July 16, 1992, for a maximum of 150 days; emergency expired December 13, 1992".

In Section 1030.16(a) the word "Section" was placed in upper case. The word "subsection" was changed to lower case at Subsection (b)(4), (d), (d)(2), (e), (f), (g), (h), (h)(1)(B), (h)(2), (i)(3), (j)(1) and (3), and (t)(5). At subsection (k)(5) the reference to "subsection (h)(1)(a)" was changed to "subsection (h)(1)(A)". At "subsection (o)(5) and (7)", the reference to "subsection 1(4)" was changed to "subsection (1)(4)". At "subsection (p)(3)" the reference to subsection 1(1) through 4" was changed to "subsection (1)(1) through (4)".

At the Section source notes for 1030.16 and 1030.18, the words "emergency amendments" was changed to "Added at". At Section 1030.18, the subsection labels "(A), (B), etc." were moved to the left under the text indent level

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of the previous subsection. The word "EMERGENCY" was deleted from the Table of Contents and text headings.

Pursuant to suggestions from the Joint Committee on Administrative Rules, the additional changes were made:

At Section 1030.16(1) in the first line following the words "medical report", the words "that discloses the existence of a medical condition" were added.

At Section 1030.18(a)(5) in the second line following the words "found in" the text was changed to read "92 Ill. Adm. Code 1030.70 and 1030.75".

12) Have all the changes agreed upon by the Agency and JCAR been made as indicated in the Agreement Letter issued by JCAR? N/A

13) Will this rule replace any Emergency Rule(s) currently in effect? No

14) Are there any other amendments pending on this Part?

Section Number	Proposed Action	Illinois Register Citation
1030.17	New Section	17 Ill. Reg. 1752 (February 16, 1993)

15) Summary and Purpose of Rule: Section 1030.16 outlines the procedures for determining when an individual must file a medical report as a condition of licensure. The rule also specifies in which instances a medical report(s) will be forwarded to the Medical Advisory Board for review. This Section codifies the procedures for contesting a finding by the Board, as well as requesting a hearing. Section 1030.18 describes the types of functions a person must be able to perform in order to operate a motor vehicle safely. These criteria are used by the Board when reviewing cases which have been forwarded by the Driver Services Department. The criteria shall also be used in determining the scope of a hearing.

16) Information and answers to questions regarding this Adopted Rule should be directed to:

Robert J. Watkins
Deputy General Counsel to the Secretary
2701 S. Dirksen Parkway
Springfield, IL 62723
Tel: 217/782-5356

The full text of the Adopted Rule begins on the next page.

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TITLE 92: TRANSPORTATION
CHAPTER II: SECRETARY OF STATE

PART 1030

ISSUANCE OF LICENSES

Section	
1030.10	What Persons Shall Not be Licensed or Granted Permits
1030.11	Procedure for Obtaining a Driver's License
1030.12	Driver's License Medical Advisory Board
1030.13	Cite for Re-examination
1030.15	Physical and Mental Evaluation
1030.16	Medical Criteria Affecting Driver Performance
1030.18	Classification of Drivers-References
1030.20	Classification Standards
1030.30	Fifth Wheel Equipped Trucks
1030.40	Bus Driver's Authority, Religious Organization and Senior Citizen Transportation Vehicle
1030.50	Commuter Van Driver Operating a For-Profit Ridesharing Arrangement
1030.55	Third-Party Certification Program
1030.60	Religious Exemption for Social Security Numbers
1030.63	Instruction Permits
1030.65	Driver's License Testing/Vision Screening
1030.70	Driver's License Testing/Vision Screening With Vision Aid
1030.75	Arrangements Other Than Standard Eye Glasses or Contact Lens(es)
1030.80	Driver's License Testing/Written Test
1030.81	Endorsements
1030.84	Vehicle Inspection
1030.85	Driver's License Testing/Road Test
1030.86	Multiple Attempts/Road Test
1030.88	Exemption of Facility Administered Road Test
1030.89	Temporary Licenses
1030.90	Requirement For Photograph and Signature of Licensee On Driver's License
1030.91	Disabled Person/Handicapped Identification Card
1030.92	Restrictions
1030.93	Restricted Local Licenses
1030.94	Duplicate or Corrected Driver's License or Instruction Permit
1030.95	Consular Licenses
1030.100	Anatomical Gift Donor
1030.110	Emergency Medical Information Card
1030.115	Change-of-Address
1030.120	Issuance of a Probationary License
1030.130	Grounds for Cancellation of a Probationary License
1030. Appendix A	Questions Asked of a Driver's License Applicant
1030. Appendix B	Acceptable Identification Documents

AUTHORITY: Implementing Article I of the Illinois Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1991, ch. 95 1/2, pars. 6-100 et seq.)

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[625 ILCS 5/6-100 et seq.] and authorized by Section 2-104(b) of the Illinois Vehicle Title and Registration Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1991, ch. 95 1/2, par. 2-104(b)) [625 ILCS 5/2-104(b)].

SOURCE: Filed March 30, 1971; amended at 3 Ill. Reg. 7, p. 13, effective April 6, 1979; amended at 4 Ill. Reg. 27, p. 422, effective June 23, 1980; amended at 6 Ill. Reg. 2400, effective February 10, 1982; codified at 6 Ill. Reg. 12674; amended at 9 Ill. Reg. 2716, effective February 20, 1985; amended at 10 Ill. Reg. 303, effective December 24, 1985; amended at 10 Ill. Reg. 18182, effective October 14, 1986; amended at 11 Ill. Reg. 9331, effective April 28, 1987; amended at 11 Ill. Reg. 18292, effective October 23, 1987; amended at 12 Ill. Reg. 3027, effective January 14, 1988; amended at 12 Ill. Reg. 13221, effective August 1, 1988; amended at 12 Ill. Reg. 16915, effective October 1, 1988; amended at 12 Ill. Reg. 19777, effective November 15, 1988; amended at 13 Ill. Reg. 5192, effective April 1, 1989; amended at 13 Ill. Reg. 7808, effective June 1, 1989; amended at 13 Ill. Reg. 12880, effective July 19, 1989; amended at 13 Ill. Reg. 12978, effective July 19, 1989; amended at 13 Ill. Reg. 13898, effective August 22, 1989; amended at 13 Ill. Reg. 15112, effective September 8, 1989; amended at 13 Ill. Reg. 17095, effective October 18, 1989; amended at 14 Ill. Reg. 4570, effective March 8, 1990; amended at 14 Ill. Reg. 4908, effective March 9, 1990; amended at 14 Ill. Reg. 5183, effective March 21, 1990; amended at 14 Ill. Reg. 8707, effective May 16, 1990; amended at 14 Ill. Reg. 9246, effective May 16, 1990; amended at 14 Ill. Reg. 9498, effective May 17, 1990; amended at 14 Ill. Reg. 10111, effective June 11, 1990; amended at 14 Ill. Reg. 10510, effective June 18, 1990; amended at 14 Ill. Reg. 12077, effective July 5, 1990; amended at 14 Ill. Reg. 15487, effective September 10, 1990; amended at 15 Ill. Reg. 15783, effective October 18, 1991; amended at 16 Ill. Reg. 2182, effective January 24, 1992; emergency amendment at 16 Ill. Reg. 12228, effective July 16, 1992, for a maximum of 150 days; emergency expired December 13, 1992; amended at 16 Ill. Reg. 18087, effective November 17, 1992; amended at 17 Ill. Reg. 1219, effective January 13, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 2025, effective February 1, 1993; amended at 17 Ill. Reg. 7065, effective May 3, 1993; amended at 17 Ill. Reg. 8275, effective May 24, 1993.

Section 1030.16 Physical and Mental Evaluation

a) For purposes of this Section the following definitions shall apply:

- 1) "Adjudication of Disability" - an order by a court of competent jurisdiction declaring a person, because of mental deterioration or physical incapacity, is not fully able to manage his person or estate pursuant to Sections 11a-2 and 11a-3 of the Probate Act of 1975 (Ill. Rev. Stat. 1991, ch. 110 1/2, pars. 11a-2 and 11a-3/755 [ILCS 5/11a-2 and 5/11a-3]).
- 2) "Cancellation" - the annulment or termination by formal action of the Secretary of a person's driver's license because the licensee is no longer entitled to such license in accordance with Section 1-110 of the Illinois Vehicle Code and 6-201 of the Illinois

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Driver Licensing Law of the Illinois Vehicle Code (Ill. Rev. Stat. 1991, ch. 95 1/2, pars. 1-110 and 6-201) [625 ILCS 5/1-110 and 5/6-201].

- 3) "Competent Medical Specialist" - a person licensed under the Medical Practice Act, or similar law of another jurisdiction, to practice medicine in all of its branches (Ill. Rev. Stat. 1991, ch. 111, par. 4400 et seq.) [225 ILCS 60 et seq.].
- 4) "Current Medical Report" - any medical report completed within three (3) months of receipt by the Department which is signed and dated by a competent medical specialist."
- 5) "Department" - the Department of Driver Services of the Office of the Secretary of State.
- 6) "Department of Administrative Hearings" - the Department of Administrative Hearings of the Office of the Secretary of State.
- 7) "Driver" - any person who is currently licensed to operate a motor vehicle or any person applying for or renewing a driver's license.
- 8) "Favorable Medical Report" - a current medical report which has been completed in its entirety which does not require additional information and/or clarification. A favorable medical report specifies the physical and/or mental disability/disorder; contains a professional opinion from the competent medical specialist that the driver is medically fit to safely operate a motor vehicle; and contains an executed medical agreement.
- 9) "Firsthand Knowledge" - information gleaned directly from its source.
- 10) "Illinois Medical Advisory Board (Board)" - a panel consisting of at least 9 physicians appointed by the Secretary pursuant to Section 6-902 of the Driver License Medical Review Law of 1992 (Ill. Rev. Stat. 1991, ch. 95 1/2, par. 6-902) [625 ILCS 5/6-902].
- 11) "Incomplete Medical Report" - a medical report which has not been completed in its entirety, or a medical agreement which has not been signed and dated by the driver. Examples of an incomplete medical report include, but are not necessarily limited to: a medical report which does not include the name, address, signature or professional license number of the competent medical specialist, or the report which is not dated; or contains illegible information; or fails to answer any of the questions contained within the report.

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12) "Law Enforcement" - police officer, sheriff, coroner, municipal prosecutor, or state's attorney.

13) "Medical Agreement" - an agreement signed and dated by the driver, maintained in conjunction with a medical report whereby the driver agrees to remain under the care of a competent medical specialist and to abide by all of the terms and conditions contained within the agreement.

14) "Medical Denial" - an entry on a person's driving record by the Department indicating a driver may not renew his/her driver's license until the conditions set forth by the Department are met pursuant to this Section or Section 6-103 of the Illinois Vehicle Code (Ill. Rev. Stat. 1991, ch. 95 1/2, par. 6-103) [625 ILCS 5/6-103].

15) "Medical Report" - a confidential medical questionnaire designed by the Department and approved by the Illinois Medical Advisory Board, or a statement on letterhead made by a competent medical specialist containing the same information as the form designed by the Department. The medical report shall be directed to the Department and contain the date the competent medical specialist completed the report, the name, address, signature and profession license number of the competent medical specialist. The report must also contain the name, address, date of birth and driver's license number, if known, of the driver. A medical agreement upon execution by the driver shall be incorporated into and maintained on file with the driver's medical report.

16) "Medical Restriction Card" - a card designed and issued by the Department which describes and explains the limitations and/or conditions noted in the restriction area of a person's driver's license. The driver must abide by all the medical restrictions placed on his/her license as described on the medical restriction card, and upon receipt of the card from the Department, the driver must carry the medical card with his/her driver's license at all times.

17) "Mental Disorder or Disability" - a scientifically recognized condition which may medically impair a person's mental health to the extent he/she is unable to safely operate a motor vehicle.

18) "National Driver Register (NDR)" - files on drivers maintained by the U.S. Department of Transportation, National Highway Traffic Safety Administration.

19) "Official Investigation" - the act of examining and inquiring into an occurrence or circumstance with care and accuracy by a duly authorized member of a local, state or federal agency while acting in his/her professional capacity.

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- 20) "Physical Condition or Disability" - a scientifically recognized condition which may medically impair a person's physical health to the extent he/she is unable to safely operate a motor vehicle.
- 21) "Preliminary Favorable Medical Report" - a current medical report or a current written statement on official letterhead which is signed and dated by a competent medical specialist indicating in his/her professional opinion the driver is medically fit to safely operate a motor vehicle, however, additional information and/or clarification is needed before the medical report can be classified as favorable or unfavorable.
- 22) "Questionable Medical Report" - a medical report which contains medical information which raises some reasonable doubt regarding the driver's medical ability to safely operate a motor vehicle. Examples of questionable medical reports include, but are not necessarily limited to:
- A) a medical report which indicates the driver has experienced an attack of unconsciousness within the past six (6) months; or
 - B) the prognosis of the mental disorder/disability does not indicate good, favorable, excellent, stable, fair, or fine; or
 - C) the medical report lacks a professional opinion indicating whether or not the driver is medically fit to safely operate a motor vehicle; or
 - D) the medical report was signed and/or completed by someone other than a competent medical specialist; or
 - E) the medical report indicates the driver's medical condition is uncontrollable; or
 - F) the medical report indicates the driver is not taking his/her medication faithfully; or
 - G) the competent medical specialist recommends the driver have a driver's license, however, expresses reservations about the driver's ability to safely operate a motor vehicle.
- 23) "Rescind Order" - a removal by formal action of an order canceling or medically denying issuance of a driver's license to a person.
- 24) "Secretary of State Employee" - all supervisory personnel with the Department of Driver Services and the Department of Administrative Hearings.

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- 25) "Termination of an Adjudication of Disability Order" - an order by a court of competent jurisdiction terminating an adjudication of disability of the driver pursuant to Sections 11a-2 and 11a-3 of the Probate Act of 1975 (Ill. Rev. Stat. 1991, ch. 110 1/2, pars. 11a-2 and 11a-3) [755 ILCS 5/11a-2 and 5/11a-3].
- 26) "Termination Order" - the ending of an order canceling or medically denying the issuance of a driver's license to a person.
- 27) "Unfavorable Medical Report" - a medical report signed and completed by a competent medical specialist containing his/her professional opinion that due to a physical and/or mental disorder/disability the driver is not medically fit to operate a motor vehicle.
- 28) "Unfit to Stand Trial Order" - an order by a court of competent jurisdiction whereby a defendant because of his/her mental or physical condition he/she is unable to understand the nature and purpose of the proceedings against him/her or to assist in his/her defense pursuant to Ch. 38, Section 104-10 et seq. of the Code of Criminal Procedure (Ill. Rev. Stat. 1991, ch. 38, par. 104-10 et seq.) [725 ILCS 5/104-10 et seq.].
- b) The Department shall require a driver to submit a medical report from a competent medical specialist when:
- 1) the driver answers in the affirmative to any question on the driver's license application regarding physical or mental health pursuant to Section 6-109 of the Illinois Vehicle Code (Ill. Rev. Stat. 1991, ch. 95 1/2, pars. 6-100 et seq.) [625 ILCS 5/6-100 et seq.]; or
 - 2) the Department receives written comments and/or recommendations based upon firsthand knowledge or pursuant to an official investigation that brings into question a driver's physical or mental ability to safely operate a motor vehicle. Such comments and/or recommendations are confidential and must be submitted on official letterhead and signed by one of the following sources:
 - A) a competent medical specialist;
 - B) a law enforcement official;
 - C) a member of the Judiciary;
 - D) a member of the Board;
 - E) the National Driver Register;

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- F) a Secretary of State employee;
- G) an employee of the U.S. Department of Transportation, Office of Motor Carriers.
- 3) The Department receives an Adjudication of Disability court order where the court appointed a guardian to manage the financial affairs or the estate of the person.
- 4) The driver is renewing a driver's license which at the time of issuance required the driver to submit a medical report, except as provided in subsection (m) of this Section.
- c) The Department shall cancel or medically deny the issuance of a driver's license upon receipt of an Adjudication of Disability order where the court appointed a guardian to make responsible decisions concerning the care of the person or of both the person and his/her financial affairs or estate, or the Department receives an order finding the driver unfit to stand trial.
- 1) The notice of cancellation shall be mailed to the court appointed guardian of the driver.
- 2) The cancellation order shall remain in effect until the court issues an order terminating the adjudication of disability; or the driver is found fit to stand trial.
- 3) Upon the termination of a cancellation under this Subsection, the person may reapply for a driver's license as outlined in Section 6-106 of the Illinois Vehicle Code (Ill. Rev. Stat. 1991, ch. 95 1/2, par. 6-106) [625 ILCS 5/6-106].

d) The Department shall cancel or medically deny a driver pursuant to Sections 6-103(8), and 6-201(a)(5) of the Illinois Vehicle Code, if one or more of the sources listed in subsection (b)(2) of this Section submits signed, written notification on official letterhead to the Department that based upon firsthand knowledge or pursuant to an official investigation the person was the driver of a motor vehicle involved in any type of accident resulting from a seizure, an attack of unconsciousness or a blackout (Ill. Rev. Stat. 1991, ch. 95 1/2, par. 6-103(8) and 6-201(a)(5)) [625 ILCS 5/6-103(8) and 5/6-201(a)(5)].

- 1) Following a cancellation or denial of a license pursuant to this Subsection, the driver must submit a medical report to be forwarded to the Board and abide by all subsequent requests by either the Department or the Board, if any, for further information and/or clarification prior to being eligible to reapply for a driver's license.

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- 2) Any medical reports and/or other information concurrently or subsequently received by the Department shall be referred along with the entire case to the Board for determination as to the driver's ability to safely operate a motor vehicle as outlined in subsection (k) of this Section.

e)

When a driver is required to submit a medical report pursuant to subsection (b) of this Section, the Department shall furnish the appropriate form to be completed by a competent medical specialist to the driver. The driver must then resubmit the completed medical report to the Department within 20 days of issuance.

- 1) If a medical report is not received by the Department within the above specified time, the driver shall be canceled or medically denied a driver's license.

- 2) If a driver is canceled pursuant to this Subsection and a preliminary favorable or favorable medical report is subsequently received, the cancellation shall be rescinded, provided, an unfavorable report is not received in the interim.

- f) If pursuant to subsection (b) of this Section, the Department receives a favorable medical report the Department shall issue or renew the person's driver's license, unless the driver is otherwise ineligible for the same.

- g) If pursuant to subsection (b) of this Section, the Department receives an unfavorable medical report the Department shall cancel or medically deny the driver pursuant to Sections 6-103(8) and 6-201(a)(5) of the Illinois Vehicle Code.

- h) If pursuant to subsection (b) of this Section, the Department receives a preliminary favorable report, the Department shall issue or renew the person's driver's license, unless the driver is otherwise ineligible for the same. The Department shall then make a further determination as to the type of information and/or clarification that is needed in order to finish processing the report.

- 1) If the report is incomplete or one which is not current, a request shall be made in writing to the driver or the competent medical specialist for the necessary information required to process the report.

- A) If the Department requests additional information from the driver, and the Department does not receive this information within 45 days of the request, the Department shall cancel or medically deny the renewal of the person's driver's license pursuant to Sections 6-201 and 6-103 of the Illinois Vehicle Code.

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- B) If the Department requests additional information from the competent medical specialist and the Department does not receive this information within 45 days of the request, the incomplete medical report shall be forwarded to the Board for determination as to the driver's ability to safely operate a motor vehicle as outlined in subsection (k) of this Section.
- C) If a cancellation order is entered based upon an incomplete medical report or one which is not current and a favorable medical report is subsequently received, a rescind order shall be entered, provided an unfavorable medical report is not received in the interim.
- 2) If the report is questionable, the Department shall forward the medical report to the Board for determination as to the driver's ability to safely operate a motor vehicle as outlined in subsection (k) of this Section.
- i) Every driver who is required to submit a medical report that discloses the existence of a medical condition pursuant to this Section must also complete and sign a medical agreement.
- 1) This agreement shall include, but not necessarily be limited to the following conditions and/or information:
- a condition that the driver remain under the care of his/her competent medical specialist;
 - a condition that the driver will adhere to the treatment and/or medication;
 - authorization by the driver to the competent medical specialist to report any change in the driver's condition which would impair the driver's ability to operate a motor vehicle;
 - possible consequences for failing to abide by any or all of the conditions contained in the medical agreement;
- 2) If a driver fails to submit a medical agreement to the Department within 20 days of the request, the Department shall cancel or medically deny the person's driver's license.
- 3) A driver canceled pursuant to this subsection for failure to submit a medical agreement within the specified time and the driver subsequently complies with all of the requests of the Department, the cancellation shall be rescinded.

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- j) If the Department receives a report or statement from a competent medical specialist indicating the driver failed to abide by any of the terms of the medical agreement, the Department shall:
- cancel or medically deny the driver, if the medical report or medical statement does not contain a professional opinion that the driver can safely operate a motor vehicle, and forward the entire case to the Board for determination as to the driver's ability to safely operate a motor vehicle pursuant to subsection (k) of this Section.
 - forward the entire case to the Board for determination as to the driver's ability to operate a motor vehicle pursuant to subsection (k) of this Section, if the medical report or medical statement contains a professional opinion that the driver can safely operate a motor vehicle.
 - cancel or medically deny a driver if the medical report or medical statement contains a professional opinion the driver can not safely operate a motor vehicle; the entire file shall be considered an unfavorable medical report as outlined in subsection (g) of this Section.
- k) The Department shall forward a driver's case to the Board when:
- the driver was medically denied or canceled based upon the Board's last recommendation; or
 - the Board has requested to review intermittent reports; or
 - a different competent medical specialist submits a favorable medical report contradictory to an unfavorable medical report on file, which was used as the basis to deny or cancel driving privileges; or
 - the Department receives a questionable medical report; or
 - the Department has received an incomplete medical report in which additional information and/or clarification was requested from the competent medical specialist, who did not supply such information to the Department within the 45 day period as outlined in subsection (h)(1)(A) of this Section; or
 - the Department receives notification the driver has failed to abide by any of the terms of his/her medical agreement, and the competent medical specialist will not render a professional opinion as to whether the driver is medically fit to safely operate a motor vehicle; or

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- 7) the Department receives a request from a driver who wishes to have all medical reports on file with the Department reviewed by the Board; or
- 8) the Department receives a request from a driver who wishes to appeal a Type B, C, D, E, F, G, J01, or any other medical restriction which has been added to his/her driver's license pursuant to Section 1030.92 of this Part.
- 1) When a case is referred to the Medical Advisory Board for review by the Department, the case shall be initially reviewed in the following manner:
 - 1) The Chairperson or his/her designee shall assign the case to an individual Board member based upon his/her specialty or field of expertise in medicine. The Department shall serve as a correspondent for the collection and distribution of all medical reports and/or other information between the driver and the Board.
 - 2) Upon receipt of the case from the Department the individual Board member shall review the entire file and prepare an informal determination regarding the driver's ability to safely operate a motor vehicle to the Chairperson or his/her designee.
 - A) The Board member shall consider the driver's past driving record as evidenced by his/her driving abstract, medical reports, and any other medical information deemed to have probative value by the Board member regarding the driver's case.
 - B) The Board member shall consider any medications and/or rehabilitative devices currently being used or available to the driver.
 - C) The Board member shall use the medical criteria listed in Section 1030.18 of this Part when reviewing the driver's medical condition.
 - 3) When reviewing a driver's case, the Board member may require the driver to submit him/herself to further medical examination(s) and to agree to make the results of these examinations available to the Board member for use in rendering an informal determination.
 - A) The driver shall be solely responsible for the selection, scheduling, and expenses related to any additional examination(s) which may be required of the driver.

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- B) While the Board member may designate the type of physician or medical specialist with whom the driver needs further examination, the Board member shall not recommend a particular physician or medical specialist.
- C) The driver shall have up to 45 days from the date of the request to submit additional reports to the Department.
- D) Any driver who refuses to submit to additional examination(s) as requested or refuses to make these reports available to the Board member shall be canceled or medically denied until he/she complies with the Board member's request and the Board member is able to render an informal determination to the Chairperson pursuant to Sections 6-201 and 6-103 of the Illinois Vehicle Code.
- 4) The informal determination shall include the medical condition of the driver and the limitations associated with the condition which could reasonably impair a driver's ability to safely operate a motor vehicle; the scope of driving privilege, if any; and the reasons for the Board member's decision.
- 5) All stages of the informal determination process shall be made as soon as reasonably possible given the individual Board member's and Chairperson's caseload and the complexity of the case.
- 6) The name of the Board member rendering the informal determination shall not be disclosed to the driver under review.
- m) Upon receipt of the informal determination from the Board member, the Chairperson or his/her designee shall make an informal recommendation to the Department regarding the driver's fitness to safely operate a motor vehicle and the scope of licensure, if any, including the use of mechanical devices and/or other conditions for driving.
- 1) The informal recommendation by the Chairperson or his/her designee shall include the existence of the medical condition and/or limitation which may impair the driver's ability to safely operate a motor vehicle.
- 2) The informal recommendation shall also be based upon the Findings of Fact and opinion of the individual Board member including, but not necessarily limited to, medical evaluations, reports submitted by medical specialists, medications taken by the driver, and his/her driving record, and other scientifically recognized information commonly accepted in the medical profession.
- 3) The informal recommendation shall also indicate the scope of driving privileges which would enable the driver to safely

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operate a motor vehicle, including the extent, if any, to which compensatory aids and devices which must be used and the need of future controls.

- 4) In the event driving privileges are restricted or denied the formal recommendation shall also state the reasoning for such restriction or denial in accordance with the medical criteria stated in Section 1030.18 of this Part.
- 5) The Chairperson or his/her designee shall have the authority to confer with the Board member who rendered the determination in the event the Chairperson or his/her designee needs to confirm or clarify any portion of the Board member's Formal Determination.
- n) Upon receipt of the informal recommendation the Department shall take the appropriate action depending upon the recommendation of the Chairperson or his/her designee on behalf of the Board.

1) If the Department receives a recommendation from the Board that in its professional opinion the driver is not medically fit to safely operate a motor vehicle, the Department shall enter an order canceling or medically denying the driver pursuant to Sections 6-201 and 6-103 of the Illinois Vehicle Code.

2) If the Department receives a recommendation from the Board that in its professional opinion the driver is medically fit to safely operate a motor vehicle, the Department shall rescind or terminate any medically related cancellation orders and allow the driver to make application for a new driver's license pursuant to Sections 1-110, 6-106, and 6-109 of the Illinois Vehicle Code (Ill. Rev. Stat. 1991, ch. 95 1/2, pars. 1-110, 6-106, and 6-109) [625 ILCS 5/1-110, 5/6-106, and 5/6-109].

A) The Department shall rescind the cancellation if the cancellation was for failure to comply with a request by either the Department or the Board.

B) The Department shall terminate the cancellation if the cancellation was based upon a previous unfavorable medical report, and the driver is otherwise in compliance with this Section.

o) If a driver desires to contest a restriction, cancellation, or denial of his/her driving privileges, the driver must request a formal review of his/her case within 20 days of the receipt of the action taken by the Department. Formal review of the driver's case shall be made by a panel of 3 Board members selected by the Chairperson or his/her designee based upon the Board member's specialty or field of expertise. The Board member who rendered the formal determination

shall participate in the formal review process. The following procedure shall apply to a case under formal review:

- 1) The Department shall notify the driver immediately and confirm the driver's request for Panel review within 7 working days of receipt of the same.
- 2) The notice shall specifically state the driver has up to 45 days from the date of the notice to submit all additional medical reports to the Department for consideration by the Panel, if he/she so chooses.
- 3) If the driver desires to furnish additional medical reports and/or statements he/she may do so by submitting all reports and statements together as one complete document for review by the Panel. The document must be delivered to the Department at the address as indicated on the confirmation notice.
- 4) The Department shall at the direction of the Chairperson or his/her designee prepare and forward the entire case to the Review Panel upon receipt of the document from the driver, or a written statement from the driver indicating he/she does not wish to submit additional reports, or at the expiration of 45 days whichever occurs first.
- 5) Each member shall consider the contents of the file which was used to make the formal determination, including additional medical reports submitted by the driver on his/her behalf and new entries listed on the driver's driving record, if any. The Panel shall use the same medical criteria and procedures that apply when reviewing an individual case, including the ability to request additional medical examinations as found in subsection (1)(4) supra. The Review Panel shall only consider evidence which exists in written form. No oral testimony shall be allowed during this type of review.
- 6) The formal determination under Panel review shall be made as soon as reasonably possible given the Board member and Chairperson's caseload, and the complexity of the case. Panel review cases shall be given priority over the review of individual cases.
- 7) Upon completion of the panel review, the formal determination of each Panel review member shall be forwarded to the Chairperson or his/her designee. The Formal Determination shall contain the same elements as outlined in subsection (1)(4) supra.
- 8) Any restriction of driving privileges, cancellation, or medical denial shall remain in effect unless and until the Department notifies the driver to the contrary.

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p) Upon receipt of each of the Review Panel's determinations, the Chairperson or his/her designee shall make a formal recommendation to the Department regarding the driver's ability to safely operate a motor vehicle and the scope of licensure, if any, including the use of mechanical devices and/or other conditions for driving.

1) The recommendation of the Chairperson or his/her designee shall be based upon the majority ruling of the Review Panel members' Formal Determinations.

2) The Chairperson shall have the authority to confer with the members of the Review Panel in order to confirm, clarify, and formulate the recommendation to the Department.

3) The Chairperson's recommendation shall contain the same elements as outlined in subsections (1)(1) through (4) supra.

q) The Department shall follow the recommendation of the Chairperson or his/her designee based upon the formal opinions rendered by the Review Panel.

1) If the Department receives a formal recommendation from the Chairperson or his/her designee to uphold the decision of the individual Board member who first reviewed the case, the action taken by the Department shall remain in effect.

2) If the Department receives a formal recommendation from the Chairperson or his/her designee to amend any portion of the decision of the Board member who first reviewed the case, the Department shall follow the recommendation of the Panel, including the recommendation of the granting of full, limited driving privileges or complete cancellation or denial of the driving privileges.

3) The driver shall be notified immediately by the Department of the Panel's findings along with any change to his/her driving privileges. The driver shall be also notified of his/her right to request a medical hearing regarding the determination rendered by the Hearing Panel.

r) A driver who wants to contest the cancellation or medical denial of his/her driver's license or his/her privilege to obtain a driver's license for medical reasons shall be entitled to a hearing in accordance with 92 Ill. Adm. Code 1001 Subparts A and E, and Section 2-118 of the Illinois Vehicle Code (92 Ill. Adm. Code 1001 Subparts A and E and Ill. Rev. Stat. 1991, ch. 95 1/2, par. 2-118) [625 ILCS 5/2-118].

s) Unless a competent medical specialist has submitted a medical report indicating the physical or mental condition or disability no longer

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exists, the Department shall require the driver to submit a medical report at each driver's license renewal.

1) The Department shall notify the driver at least 30 days prior to the expiration of his/her driver's license. Such notification shall be in writing and mailed to the driver's last known address as indicated on the Department's driving record file.

2) The notice shall state that the driver must submit a medical report when renewing his/her driver's license.

t) The Department shall require a driver to appear at a Driver Services facility to receive a corrected driver's license if a competent medical specialist or the Board recommends a driver's license restriction pursuant to Section 1030.92 of this Part.

1) The Department shall immediately provide written notification to the driver at his/her last known address as indicated on the Department's driving record file. The notice shall also state failure to comply within 20 days of the request, will result in the cancellation of the person's driver's license pursuant to Section 6-201.5 of the Illinois Vehicle Code, provided, a subsequent medical report is not received from the same competent medical specialist indicating the medical restriction is no longer necessary.

2) The Department shall mail a medical card to the driver describing the restriction(s) on his/her driver's license.

3) The driver must abide by the restriction(s) contained on the card.

4) The driver upon receipt of the medical card from the Department shall carry the medical card with his/her driver's license whenever the driver operates a motor vehicle.

5) If a driver is canceled for failing to comply with a request from this Department pursuant to this subsection, and the driver subsequently complies with all requests of the Department, the cancellation shall be rescinded.

u) The Department shall require periodic medical reports between renewals if so recommended by a competent medical specialist or the Board.

(Source: Added at 17 Ill. Reg. 8275, effective May 24, 1993)

Section 1030.18 Medical Criteria Affecting Driver Performance

Upon receipt of the driver's case from the Department, the Board shall review

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the case taking into consideration the driver's medical condition in determining the medical fitness of the driver to safely operate a motor vehicle.

- a) The Board shall apply the following medical criteria needed to safely operate a motor vehicle, where applicable, when rendering an opinion to the Department.

- 1) The driver must possess the emotional and intellectual ability to operate a motor vehicle. Specifically, the driver must:

- A) be free from distractions of hallucinations;
- B) be free from impulsive behavior, homicidal tendencies, and/or suicidal tendencies;
- C) be oriented with advanced preparation of his/her destination;
- D) be able to recognize symbols of language and road signs;
- E) be able to not only see objects in his/her field of vision, but also to recognize their significance and to react to them with sufficient speed to avoid a catastrophe;
- F) possess sufficient memory facility to recall his/her destination, recall the significance of road signs and hazards, and recall the operational control of his motor vehicle;
- G) be able to distinguish left from right and to judge distance and relative speed of his/her motor vehicle as well as other vehicles which may present a potential danger.

- 2) The driver must possess the motor and sensory ability to operate a motor vehicle. Specifically, the driver must:

- A) possess the ability to sit stably in an erect posture and hold his/her head erect throughout the interval he/she intends to drive;
- B) be able to turn his/her head at least 25 degrees in either direction in order to amplify the field of vision;
- C) be able to control the motor vehicle with ease, including the gripping of the steering wheel, reaching of the controls and pedals, all without unbalancing or stressing the driver.
- D) be able to perform all routine operations of the motor vehicle with steady, well coordinated movements and without

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undue nervousness. The reaction time of the driver must be average and not limited by muscle, joint or skeletal deformity.

- 3) The driver must have the ability to sustain consciousness throughout the entire interval in which he/she intends to drive.
- 4) The driver must be free from severe pain which could cause sudden incapacitation or the inability to control a motor vehicle.
- 5) The driver must be able to meet the vision requirements as found in 92 Ill. Adm. Code 1030.70 and 1030.75.
- 6) The driver must not be so medicated as to render him/herself incapable to perform other basic tasks necessary to safely operate a motor vehicle.
- b) The Board shall evaluate the severity and/or limitations of the medical condition a driver may have on a case by case basis. The Board shall also take into account the driver's past driving history, as well as all medication and/or mechanical mechanisms being used by, or otherwise available to the driver.
- c) The Board has the ability to recommend full or limited driving privileges to the Department, including, but not limited to, restricted driving hours, use of mechanical devices, and other conditions which the Board deems appropriate depending upon the circumstances of the case.

(Source: Added at 17 Ill. Reg. 8275, effective May 24, 1993)

POLLUTION CONTROL BOARD

NOTICE OF EMERGENCY AMENDMENTS

12) Information and questions regarding this amendment shall be directed to:

Name: Dorothy Gunn, Clerk
Address: Illinois Pollution Control Board
100 West Randolph, Suite 11-500
Chicago, IL 60601
Phone: 312/814-3629

The full text of the emergency amendments begins on the next page:

POLLUTION CONTROL BOARD

NOTICE OF EMERGENCY AMENDMENTS

- 1) The Heading of the Part: Organic Material Emissions Standard and Limitations for Stationary Sources
- 2) Code Citation: 35 Ill. Adm. Code 219
- 3) Section Numbers: 219.586
Emergency Action: Amend
- 4) Statutory Authority: Administrative Procedure Act 5 ILCS 100/5.45; 415 ILCS 5/27
- 5) Effective Date of Amendments: May 24, 1993
- 6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire:
- 7) Date Filed in Agency's Principal Office: May 20, 1993
- 8) Reason for Emergency:
An economic threat to the public interest -- A recent decision in NRDC v. Reilly (No. 92-1137, slip op. (D.C. Cir. Jan 22, 1993)) raises the possibility that a compliance date contained in the above rule may now result in pollution controls that may be unnecessary, duplicative and impose an unnecessary expense on small businesses.
- 9) A Complete Description of the Subjects and Issues Involved:
Delay of implementation of the Stage II Gasoline Vapor Recovery Rule compliance deadline from May 1, 1993 to October 15, 1993, for certain facilities in the Metro East area.
- 10) Code Citation: 35 Ill. Adm. Code 219
Section Numbers: 219.586
Proposed Action: Amend
- 11) Statement of Statewide Policy Objectives:

Fair Regulation of Small Business. These amendments would not require a local government to establish, expand, or modify its activities in such a way as to necessitate additional expenditures from local revenues.

POLLUTION CONTROL BOARD

NOTICE OF EMERGENCY AMENDMENTS

TITLE 35: ENVIRONMENTAL PROTECTION

SUBTITLE B: AIR POLLUTION

CHAPTER I: POLLUTION CONTROL BOARD

SUBCHAPTER C: EMISSIONS STANDARDS AND LIMITATIONS
FOR STATIONARY SOURCES

PART 219

ORGANIC MATERIAL EMISSION STANDARDS AND LIMITATIONS
FOR STATIONARY SOURCES

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219.109	Vapor Pressure of Volatile Organic Liquids
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SUBPART B: ORGANIC EMISSIONS FROM STORAGE AND LOADING OPERATIONS

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219.121	Storage Containers
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219.141	Separation Operations
219.142	Pumps and Compressors
219.143	Vapor Blowdown
219.144	Safety Relief Valves

SUBPART E: SOLVENT CLEANING

POLLUTION CONTROL BOARD

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Section
219.181 Solvent Cleaning in General

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219.183	Open Top Vapor Degreasing
219.184	Conveyorized Degreasing
219.185	Compliance Schedule
219.186	Test Methods

SUBPART F: COATING OPERATIONS

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219.204	Emission Limitations for Manufacturing Plants
219.205	Daily-Weighted Average Limitations
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219.207	Alternative Emission Limitations
219.208	Exemptions From Emission Limitations
219.209	Exemption From General Rule on Use of Organic Material
219.210	Compliance Schedule
219.211	Recordkeeping and Reporting

SUBPART G: USE OF ORGANIC MATERIAL

Section	
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AUTHORITY: Implementing Sections 9.1 and 10 and authorized by Section 28.2 of the Environmental Protection Act (Ill. Rev. Stat. 1991, ch. 111½, pars. 1009.1, 1010) [415 ILCS 5/9.1 and 10 and 28.2].

SOURCE: Adopted at R91-8 at 15 Ill. Reg. 12491, effective August 16, 1991; amended in R91-24 at 16 Ill. Reg. 13597, effective August 24, 1992; amended in R91-30 at 16 Ill. Reg. 13883, effective August 24, 1992; emergency amendment in R93-12 at 17 Ill. Reg. 8295, effective May 24, 1993, for a maximum of 150 days.

SUBPART Y: GASOLINE DISTRIBUTION

Section 219.586 Gasoline Dispensing Facilities - Motor Vehicle Fueling Operations
EMERGENCY

a) For the purposes of this section, the following definitions apply.

- 1) Average Monthly Volume: The amount of motor vehicle fuel dispensed per month from a gasoline dispensing facility based upon a monthly average

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for the 2-year period of November, 1990 through October, 1992 or, if not available, the monthly average for the most recent twelve calendar months. Monthly averages are to include only those months when the facility was operating.

- 2) Certified: Any vapor collection and control system which has been tested and approved by CARB as having a vapor recovery and removal efficiency of at least 95% (by weight) shall constitute a certified vapor collection and control system. CARB testing and approval is pursuant to the CARB manual, hereby incorporated by reference (California Air Resources Board, Compliance Division, Compliance Assistance Program: Facilities Phase I & II (October 1988, rev. March 1991 CARB Manual). This incorporation includes no later additions or amendments.

- 3) Completion of installation: The successful passing of one or more of the following tests applicable to the installed vapor collection and control system: Dynamic Backpressure Test, Pressure Decay/Leak Test, and Liquid Blockage Test (United States Environmental Protection Agency, Washington D.C., EPA-450/3-91-002b). These tests are hereby incorporated by reference. This incorporation includes no later additions or amendments.)

- 4) Constructed: Fabricated, erected or installed; refers to any facility, emission source or air pollution control equipment.

- 5) CARB: California Air Resources Board, P.O. Box 2815, Sacramento, CA 95812.

- 6) Employee: Any person who performs work for an employer.

- 7) Facility: Any building, structure, installation, operation or combination thereof located on contiguous properties and under common ownership that provides for the dispensing of motor vehicle fuel.

- 8) Gasoline Dispensing Facility: Any facility where motor vehicle fuel is dispensed into motor vehicle fuel tanks or portable containers from a storage

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tank with a capacity of 2176 liters (575 gallons) or more.

- 9) Modification: Any change, removal or addition, other than an identical replacement, of any component contained within the vapor collection and control system.
 - 10) Motor Vehicle: Any self-propelled vehicle powered by an internal combustion engine including, but not limited to, automobiles and trucks. Specifically excluded from this definition are watercraft and aircraft.
 - 11) Motor Vehicle Fuel: Any petroleum distillate having a Reid vapor pressure of more than 27.6 kilopascals (kPa) (four pounds per square inch) and which is used to power motor vehicles.
 - 12) Owner or Operator: Any person who owns, leases, operates, manages, supervises or controls (directly or indirectly) a gasoline dispensing facility.
 - 13) Reid Vapor Pressure: For gasoline, it shall be measured in accordance with either the method ASTM D323 or a modification of ASTM D323 known as the "dry method" as set forth in 40 CFR 80, Appendix E, incorporated by references in 35 Ill. Adm. Code 215.105.
 - 14) Vapor Collection and Control System: Any system certified by CARB which limits the discharge to the atmosphere of motor vehicle fuel vapors displaced during the dispensing of motor vehicle fuel into motor vehicle fuel tanks.
- b) The provisions of subsection (c) below shall apply to any gasoline dispensing facility which dispenses an average monthly volume of more than 10,000 gallons of motor vehicle fuel per month. Compliance shall be demonstrated in accordance with the schedule provided in subsection (d) below.
- c) No owner or operator of a gasoline dispensing facility subject to the requirements of subsection (b) above shall cause or allow the dispensing of motor vehicle fuel at any time from a motor fuel dispenser unless the dispenser is equipped with and utilizes a vapor

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collection and control system which is properly installed and operated as provided below:

- 1) Any vapor collection and control system installed, used or maintained has been CARB certified.
- 2) Any vapor collection and control system utilized is maintained in accordance with the manufacturer's specifications and the certification.
- 3) No elements or components of a vapor collection and control system are modified, removed, replaced or otherwise rendered inoperative in a manner which prevents the system from performing in accordance with its certification and design specifications.
- 4) A vapor collection and control system has no defective, malfunctioning or missing components.
- 5) Operators and employees of the gasoline dispensing facility are trained and instructed in the proper operation and maintenance of a vapor collection and control system.
- 6) Instructions are posted in a conspicuous and visible place within the motor fuel dispensing area and describe the proper method of dispensing motor vehicle fuel with the use of the vapor collection and control system.

d) In conjunction with the compliance provisions of Section 219.105 of this Part, facilities subject to the requirements of subsection (c) above shall demonstrate compliance according to the following:

- 1) Facilities that commenced construction after November 1, 1990, must comply by May 1 October 15, 1993.
- 2) Facilities that commenced construction before November 1, 1990, and dispense an average monthly volume of more than 100,000 gallons of motor fuel per month must comply by November 1, 1993.
- 3) Facilities that commenced construction before November 1, 1990, and dispense an average monthly

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volume of less than 100,000 gallons of motor fuel per month must comply by November 1, 1994.

- 4) New facilities constructed after the adoption of this Section shall comply with the requirements of subsection (c) above upon startup of the facility.
- 5) Existing facilities previously exempted from but which become subject to the requirements of subsection (c) above after May 1, 1993 shall comply with the requirements of subsection (c) above within six calendar months of the date from which the facility becomes subject.
- e) Any gasoline dispensing facility that becomes subject to the provisions of subsection (c) above at any time shall remain subject to the provisions of subsection (c) above at all times.
- f) Upon request by the Agency, the owner or operator of a gasoline dispensing facility which claims to be exempt from the requirements of this Section shall submit records to the Agency within 30 calendar days from the date of the request which demonstrate that the gasoline dispensing facility is in fact exempt.
- g) Recordkeeping and reporting:
 - 1) Any gasoline dispensing facility subject to subsection (c) above shall retain at the facility copies of the registration information required at subsection (h) below.
 - 2) Records and reports required pursuant to this subsection shall be made available to the Agency upon request. Records and reports which shall be maintained by the owner or operator of the gasoline dispensing facility shall clearly demonstrate:
 - A) That a certified vapor collection and control system has been installed and tested to verify its performance according to its specifications.
 - B) That proper maintenance has been conducted in accordance with the manufacturer's specifications and requirements.

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- C) The time period and duration of all malfunctions of the vapor collection and control system.
- D) The motor vehicle fuel throughput of the facility for each calendar month of the previous year.
- E) That operators and employees are trained and instructed in the proper operation and maintenance of the vapor collection and control system and informed as to the potential penalties associated with the violation of any provision of this Section.

h) Any gasoline dispensing facility subject to subsection (c) above shall be exempt from the permit requirements specified under 35 Ill. Adm. Code 201.142, 201.143 and 201.144 for its vapor collection and control systems, provided that:

- 1) Upon the installation of a vapor collection and control system, the owner or operator of the gasoline dispensing facility submits to the Agency a registration which provides at minimum the facility name and address, signature of the owner or operator, the CARB Executive Order Number for the vapor collection and control system to be utilized, the number of nozzles (excluding diesel or kerosene) used for motor vehicle refueling, the monthly average volume of motor vehicle fuel dispensed, the location (including contact person's name, address, and telephone number) of records and reports required by this Section, and the date of completion of installation of the vapor collection and control system.
- 2) The registration is submitted to the Agency within 30 days of completion of such installation.
- 3) A copy of the registration information is maintained at the gasoline dispensing facility.
- 4) Upon the modification of an existing vapor collection and control system, the owner or operator of the gasoline dispensing facility submits to the Agency a registration that details the changes to the information provided in the previous registration of the vapor collection and

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control system and which includes the signature of the owner or operator. The registration must be submitted to the Agency within 30 days of completion of such modification.

(Source: Emergency amendment at 17 Ill. Reg. 8295 effective May 24, 1993, for a maximum of 150 days)

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applicant will be required to have the examination scores submitted to the Department directly from the reporting entity.

As provided for in Public Act 87-975, effective January 1, 1993, this rulemaking also establishes license application procedures for applicants who are graduates from dental colleges or schools in the United States or Canada, as well as for graduates from dental colleges or schools outside the United States and Canada. The required two years of undergraduate clinical training at a dental college or school in the United States or Canada is defined as 2850 clock hours completed in 2 academic years for full-time applicants or 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants.

Typographical and form changes also are made.

10) Are there any proposed Amendments to this Part pending: Yes

Section Numbers	Proposed Action	Illinois Register Citation
1220 Appendix B	Amendment	17 Ill. Reg. 1708
1220 Appendix C	Amendment	17 Ill. Reg. 1708
1220.100	New Section	17 Ill. Reg. 8127
1220.110	Amendment	17 Ill. Reg. 8127
1220.120	Amendment	17 Ill. Reg. 8127
1220.220	Amendment	17 Ill. Reg. 8127
1220.240	Amendment	17 Ill. Reg. 8127

11) Statement of Statewide Policy Objectives: This rulemaking has no impact on local government.

12) Information and questions regarding these Rules shall be directed to:

Department of Professional Regulation
Attention: Jean Courtney
320 West Washington, 3rd Floor
Springfield, IL 62786
217/785-0810

The full text of the Emergency Amendments begins on the next page:

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NOTICE OF EMERGENCY AMENDMENT(S)

1) Heading of the Part: Illinois Dental Practice Act

2) Code Citation: 68 Ill. Adm. Code 1220

3) Section Numbers: Emergency Action:

1220.100 New Section
1220.110 Amendment
1220.120 Amendment
1220.220 Amendment

4) Statutory Authority: Ill. Rev. Stat. 1991, ch. 111, par. 2309 [225 ILCS 25/9], as amended by P.A. 87-975, Section 1, effective January 1, 1993; and P.A. 87-1237, Section 15, effective December 22, 1992.

5) Effective Date of Amendments: May 21, 1993

6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which they will expire: These emergency amendments are to expire when the proposed amendments are adopted.

7) Date Filed in Agency's Principal Office: May 21, 1993.

8) Reason for Emergency: Public Act 87-1237, effective December 22, 1992, authorized the Department of Professional Regulation to accept successfully completed preclinical and clinical examinations conducted by approved regional testing services. The Board of Dentistry reviewed available examinations and selected three as being acceptable. Among the criteria to be established were passing scores for each of the exams, including the May 1993, exam of the Central Regional Dental Testing Service (CRDTS). Emergency amendments are necessary and in the public interest since current rules require a passing score of 75 instead of the 70 which the Board deemed fair and equitable for the CRDTS exam. The emergency amendments, approved by the Board at its April 28, 1993, meeting, could have an immediate impact on the number of dentists passing the May exam leading to licensure in Illinois. The emergency amendments also will allow the Department to have standards in place to review applications from applicants to practice dentistry in Illinois who have graduated from dental schools or colleges outside the United States or Canada and have not completed one of the regional examinations.

9) A Complete Description of the Subjects and Issues Involved: This rulemaking designates the examinations of three regional dental testing services as acceptable for licensure in Illinois. These exams are offered by the North East Regional Board (NERB), the Central Regional Dental Testing Service (CRDTS) and the Southern Regional Testing Agency Inc. (SRTA). Successful completion means the applicant has achieved a minimum passing score on the regional examinations as determined by each approved regional testing service. The

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TITLE 68: PROFESSIONS AND OCCUPATIONS
CHAPTER VII: DEPARTMENT OF PROFESSIONAL REGULATION
SUBCHAPTER b: PROFESSIONS AND OCCUPATIONSPART 1220
ILLINOIS DENTAL PRACTICE ACT

SUBPART A: DENTIST

Section	Application for Licensure
1220.100	EMERGENCY
1220.110	Application for Examination
1220.120	EMERGENCY
1220.130	Clinical Examinations
1220.140	System of Retaking the Clinical Sections of the Examination
1220.150	Minimum Standards for an Approved Curriculum in Dentistry
1220.160	Licensure (Repealed)
1220.170	Restoration
1220.180	Renewal

SUBPART B: DENTAL HYGIENIST

Section	Applications
1220.210	Clinical Examination
1220.220	EMERGENCY
1220.230	System of Grading
1220.240	System of Retaking the Clinical Examination
1220.250	Permitted Duties of Dental Auxiliaries
1220.260	Approved Programs of Dental Hygiene
1220.270	Restoration
1220.280	Renewal

SUBPART C: DENTAL SPECIALIST

Section	Applications
1220.310	Examination
1220.320	System of Grading
1220.330	American Board Diplomates
1220.340	Specialty Listing (Repealed)
1220.350	Restoration
1220.360	Renewal

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SUBPART D: GENERAL

Section	Reportable Diseases and Conditions
1220.400	Endorsement
1220.410	Advertising
1220.421	Referral Services
1220.425	Employment by Corporation (Repealed)
1220.431	Renewals (Repealed)
1220.435	Continuing Education
1220.440	Granting Variances
1220.441	

SUBPART E: ANESTHESIA PERMITS

Section	Definitions
1220.500	Light Parenteral Conscious Sedation
1220.510	General Anesthesia and Deep Parenteral Conscious Sedation
1220.520	Renewal
1220.525	Anesthesia Review Panel
1220.530	Approved Programs in Anesthesiology
1220.540	Reporting of Adverse Occurrences
1220.550	Restoration of Permits
1220.560	

1220.Appendix A	Pre-clinical Restorative Dentistry Sub-section (Repealed)
1220.Appendix B	Dental Assistant Permitted Procedures
1220.Appendix C	Dental Hygienist Permitted Procedures

AUTHORITY: Implementing The Illinois Dental Practice Act (Ill. Rev. Stat. 1991, ch. 111, par. 2301 et seq.) [225 ILCS 25/1 et seq.] and authorized by Section 60(7) of The Civil Administrative Code of Illinois (Ill. Rev. Stat. 1991, ch. 127, par. 60(7)) [20 ILCS 2105/60(7)].

SOURCE: Rules and Regulations for the Administration and Enforcement of the Provisions of the Illinois Dental Practice Act, effective August 16, 1967; amended at 3 Ill. Reg. 16, p. 21, effective April 21, 1979; amended at 3 Ill. Reg. 42, p. 266, effective October 3, 1979; codified at 5 Ill. Reg. 11028; emergency amendment at 6 Ill. Reg. 916, effective January 6, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 4174, effective May 24, 1982; amended at 6 Ill. Reg. 7448, effective June 15, 1982; emergency amendment at 7 Ill. Reg. 8952, effective July 15, 1983, for a maximum of 150 days; amended at 8 Ill. Reg. 15610, effective August 15, 1984; amended at 10 Ill. Reg. 20725, effective December 1, 1986; transferred from Chapter I, 68 Ill. Adm. Code 220 (Department of Registration and Education) to Chapter VII, 68 Ill. Adm. Code 1220 (Department of Professional Regulation) pursuant to P.A. 85-225, effective January 1, 1988, at 12 Ill. Reg. 2926; amended at 13 Ill. Reg. 4191, effective March 16, 1989; amended at 13 Ill. Reg. 15043, effective September 11, 1989; amended at 17 Ill.

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Reg. 1559, effective January 25, 1993; emergency amendment at 17 Ill. Reg. 8309, effective May 21, 1993, for a maximum of 150 days.

SUBPART A: DENTIST

Section 1220.100 Application for Licensure
EMERGENCY

An applicant for a license to practice dentistry in Illinois shall file an application on forms supplied by the Department of Professional Regulation (the Department) which shall include:

- a) A complete work history indicating all employment since graduation from dental school.
- b) For graduates from a dental college or school in the United States or Canada, certification of successful completion of 60 semester hours or its equivalent of college pre-dental education, and graduation from a course of instruction in a dental program that meets the minimum education standards of the Department specified in Section 1220.140.
- c) For graduates from a dental college or school outside of the United States or Canada:

- 1) Certification of graduation from a dental college or school;
- 2) Certification that the applicant was authorized to practice in the jurisdiction in which the applicant attended dental school; and
- 3) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school in which the applicant met the same level of scientific knowledge and clinical competence as all graduates from that school or college. The 2 years of clinical training shall consist of:

- A) 2850 clock hours completed in 2 academic years for full-time applicants;
- B) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time applicants.

- d) The required fee set forth in Section 21(a)(2) of the Illinois Dental Practice Act (Ill. Rev. Stat. 1991, ch. 111, par. 2301 et seq.) 1225 ILCS 25/1 et seq.;

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- e) Proof of successful completion of the Theoretical examination given by the Joint Commission on National Dental Examinations. In order to be successful, a grade of at least 75 in all subjects is required. The National Board Certificate must be mailed to the Department by the Joint Commission.

- f) Proof of successful completion of an examination set forth in Section 1220.120.

(Source: Emergency rule added at 17 Ill. Reg. 8309, effective May 21, 1993, for a maximum of 150 days.)

Section 1220.110 Application for Examination
EMERGENCY

An applicant for a license to practice dentistry in Illinois, who has graduated from a dental school or college outside the United States or Canada and who has not completed an examination set forth in Section 1220.120(b), shall file an application on forms supplied by the Department of Professional Regulation (the "Department") at least 60 days prior to an examination date. The application shall include:

- a) A complete work history indicating all employment since graduation from dental school.
- b) Certification of successful completion of 60 semester hours or its equivalent of college pre-dental education, and graduation from a course of instruction in a dental school which meets the minimum education standards of the Department specified in Section 1220.140;
- c) An applicant from a program which is determined by the Department upon recommendation of the Board of Dentistry (the "Board") not to have met the minimum education standards of Section 1220.140 will be notified, in writing, by the Department and must satisfy the deficiency before being permitted to take the examination. Deficiencies may be removed by taking the required instruction in an approved program in Dentistry. Certification from the dean of an approved program attesting to his/her satisfactory completion of the instruction required to satisfy the deficiency must be submitted to the Department.

- b) Certification of graduation from a dental college or school;
- c) Certification that the applicant was authorized to practice in the jurisdiction in which the applicant attended dental school, and

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d) Certification from an approved dental college or school in the United States or Canada that the applicant has completed a minimum of 2 years of clinical training at the school so that the applicant meets the same level of scientific knowledge and clinical competence as all graduates from that school or college. Two years of clinical training shall be:

- 1) 2850 clock hours completed in 2 academic years for full-time;
- 2) 2850 clock hours completed in 4 years with a minimum of 700 hours per year for part-time.

de) The required fee set forth in Section 21(a)(2) of the ~~Illinois Dental Practice Act (411 Rev. Stat. 1987, ch. 111, par. 2301 et seq.) (the "Act");~~ and

fe) Proof of successful completion of the Theoretical examination given by the Joint Commission on National Dental Examinations. In order to be successful, a grade of at least 75% in all subjects is required. The National Board Certificate must be mailed to the Department by the Joint Commission.

(Source: Emergency amendment at 17 Ill. Reg. 8309 effective May 21, 1993, for a maximum of 150 days.)

Section 1220.120 Clinical Examinations
EMERGENCY

a) The examination conducted by the Department for dental licensure shall be held at least twice each year and shall be divided into two sections as set forth below. Applicants shall have passed the Theoretical examination given by the Joint Commission on National Dental Examinations before taking the Preclinical and Clinical Sections of the examination and shall have passed the Preclinical Section of the examination before taking the Clinical Sections.

- 1) Preclinical - In order to be successful, a ~~grade~~ score of at least 75% is required.
- 2) Clinical - In order to be successful, a score of at least 75 is required in each of the following parts:

- A) Restorative Amalgam
- B) Restorative Castings
- ~~C~~B) Prosthetics
- ~~D~~C) Periodontics
- ~~E~~D) Comprehensive Treatment Planning (CTP)
- ~~F~~E) Diagnosis, Oral Medicine and Radiology (DOR)
- ~~G~~F) Periodontal Simulated Examination (PSE)

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b) ~~In order to be successful, a grade of at least 75% is required in each clinical Section. Section 1220.130, below, sets out the examination--retake requirements applicable to applicants who fail the Clinical on one or more occasions.~~

b) The Department, upon recommendation of the Board, shall accept the following examinations for licensure:

- 1) The North East Regional Board (NERB) with a passing score of 75 or better on each part, if completed within the last 5 years;
- 2) The Central Regional Dental Testing Service (CRDTS) Examination taken after January 1, 1988, with a passing score of 75 or better on each part of the examination prior to May 1993. Beginning in May 1993, a passing score of 70 or better on each part of the examination shall be accepted for licensure; or
- 3) The Southern Regional Testing Agency Inc. (SRTA) Examination taken after January 1, 1991, with a passing score of 75% or better on each section of the examination.

c) The applicant shall have the examination scores submitted to the Department directly from the reporting entity.

e) ~~The provisions of subsections (a)(1) and (2) above shall be waived for a candidate for licensure to practice Dentistry who makes application in form and substance satisfactory to the Department under Section 9 of the Illinois Dental Practice Act and causes to be filed with the Department, in addition to his application, proof of his successful completion of the North East Regional Board (NERB) Examination or its regional equivalency within the past five (5) years, which must be forwarded directly to the Department from NERB or the appropriate reporting entity.~~

(Source: Emergency amendment at 17 Ill. Reg. 8309 effective May 21, 1993, for a maximum of 150 days.)

Section 1220.220 Clinical Examination
EMERGENCY

a) The examination conducted by the Department for dental hygienist licensure shall be held twice each year. Applicants shall have passed the Theoretical examination given by Joint Commission on National Dental Examinations before taking the Clinical Examination. The Clinical Examination shall be conducted in the following subjects:

- 1) Dental Hygiene Comprehensive
- 2) Clinical Performance

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- A) Selection of Patient
- B) Review of Required Records
- C) Treatment Exercise

b) Applicants for dental hygiene licensure must achieve at least 75% in each section of the examination in subsection (a) above, ~~subject in order to be successful in the Clinical. Section 1220.231, below sets out the examination retake requirements applicable to applicants who fail the Clinical on one or more occasions.~~

c) The Department, upon recommendation of the Board, shall accept the following examinations for licensure:

- 1) The North East Regional Board (NERB) within the last 5 years, with a passing score of 75 or better on each part of the examination;
- 2) The Central Regional Dental Testing Service (CRDTS) Examination after January 1, 1988, with a passing score of 75 prior to May 1993. Beginning in May 1993 a passing score of 70 or better on each part of the examination shall be accepted for licensure; or
- 3) The Southern Regional Testing Agency Inc. (SRTA) Examination after January 1, 1991, with a passing score of 75% or better on each part of the examination.

d) The applicant shall have examination scores submitted to the Department directly from the reporting entity.

e) ~~The provisions of this Section shall be waived for a candidate for licensure to practice dental hygiene who makes application in form and substance satisfactory to the Department under Section 13 of the Illinois Dental Practice Act and causes to be filed with the Department, in addition to his application, proof of successful completion of the North East Regional Board (NERB) Examination or its regional equivalency taken within the past five (5) years with scores of at least 75% in each subject must be forwarded directly to the Department.~~

(Source: Emergency amendment at 17 Ill. Reg. 8309 effective May 21, 1993, for a maximum of 150 days.)

THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS

NOTICE OF WITHDRAWAL OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Program Content and Guidelines for Division of Specialized Care for Children.
- 2) Code Citation: 89 Ill. Adm. Code 1200
- 3) Section Numbers:
1200.30
1200.50
1200.70
1200.Appendix A
Emergency Action:
Amendments
Amendments
Amendments
- 4) Date Notice of Emergency Amendments Published in the Illinois Register:
March 28, 1993 17 Ill. Reg. 8052
- 5) Reason for the Withdrawal:

Amendments were filed and published prematurely. The Division's intent was for the amendment to be effective 7/1/93. The amendment is not in effect at this time. The Division will re-file at a later date near the end of June.

ILLINOIS REGISTER

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of May 19, 1993 through May 25, 1993, and have been scheduled for review by the Committee at its June 15, 1993 meeting. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rule should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Office Bldg., Springfield, IL 62706.

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
7/6/93	Illinois Commerce Commission, Tariff Filings (83 Ill Adm Code 745)	7/10/92 16 Ill Reg 10513	6/15/93
7/6/93	Department of Revenue, Riverboat Gambling (86 Ill Adm Code 3000)	12/18/92 16 Ill Reg 19681	6/15/93
7/6/93	Illinois Racing Board, Ownership, Partnership and Stable Name (11 Ill Adm Code 1409)	4/2/93 17 Ill Reg 4158	6/15/93
7/6/93	Illinois Racing Board, Claiming Races (11 Ill Adm Code 510)	4/2/93 17 Ill Reg 4155	6/15/93
7/6/93	Secretary of State, Business Corporation Act (14 Ill Adm Code 150)	4/2/93 17 Ill Reg 4167	6/15/93
7/8/93	Illinois Student Assistance Commission, Guaranteed Loan Programs (23 Ill Adm Code 2720)	2/5/93 17 Ill Reg 1403	6/15/93
7/8/93	Illinois Student Assistance Commission, Monetary Award Program (23 Ill Adm Code 2735)	2/5/93 17 Ill Reg 1470	6/15/93

ILLINOIS REGISTER

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLYSECOND NOTICES RECEIVED
(Page 2)

Second Notice Expires	Agency and Rule	Start of First Notice	JCAR Meeting
7/8/93	Illinois Student Assistance Commission, Paul Douglas Teacher Scholarship Program (23 Ill Adm Code 2762)	2/5/93 17 Ill Reg 1484	6/15/93
7/8/93	Department of Professional Regulation, The Structural Engineering Licensing Act of 1989 (68 Ill Adm Code 1480)	4/2/93 17 Ill Reg 4149	6/15/93
7/8/93	Secretary of State, Rulemaking (1 Ill Adm Code 100)	3/5/93 17 Ill Reg 2867	6/15/93

ENVIRONMENTAL PROTECTION AGENCY

NOTICE PURSUANT TO P.A. 87 - 823

- 1) Heading of Part: Procedures for Contested Care Hearings

- 2) Code Citation: 35 Ill. Adm. Code 168

- 3) Sections: Authority Note
168.103
168.320

- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127 par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
Authority Note 168.103 168.103 168.320(j)	Sec. 4(a)(1) par. 1001 et seq. "APA" par. 1001 et seq. "Contested Case" par. 1003.02 Sec. 15	Sec. 5-10(a)(1) par. 100/1-1 et seq. par. 100/1-1 et seq. par. 100/1-30 Sec. 10-60

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE PURSUANT TO P.A. 87 - 823

- 1) Heading of Part: Procedures for Informational and Quasi-Legislative Public Hearings

- 2) Code Citation: 35 Ill. Adm. Code 164

- 3) Sections: Authority Note

- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127 par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
Authority Note	Sec. 4(a)(1)	Sec. 5-10(a)(1)

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE PURSUANT TO P.A. 87 - 823

- 1) Heading of Part: Procedures for Permit and Closure Plan Hearings

- 2) Code Citation: 35 Ill. Adm. Code 166

- 3) Sections: Authority Note

166.201(b)
166.203
166.250(c)
166.265(c)
166.291(n)
166.292(c)
166.296

- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127 par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	Existing Cite	IAPA Citation Conversions:	New Cite
Authority Note			
166.201(b)	Sec. 4(a)(1)	Sec. 5-10(a)(1)	
166.203	par. 1001 et seq.	Sec. 1-1 et seq.	
166.250(c)	Sec. 3.02	Sec. 1-30	
166.265(c)	Sec. 12(a)	Sec. 10-40(a)	
166.291(n)	Sec. 12(c)	Sec. 10-40(c)	
166.292(c)	Sec. 15	Sec. 10-60	
	Sec. 14	Sec. 10-50(a)	
166.296	Sec. 15	Sec. 10-60	

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ENVIRONMENTAL PROTECTION AGENCY

NOTICE PURSUANT TO P.A. 87 - 823

- 1) Heading of Part: Public Information, Rulemaking and Organization

- 2) Code Citation: 2 Ill. Adm. Code 1825

- 3) Sections: Authority Note

1825.50(d)
1825.60

- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127 par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	Existing Cite	IAPA Citation Conversions:	New Cite
Authority Note			
1825.50(d)	Sec. 1005-15	Sec. 5-15	
1825.60	par. 1001 et seq.	par. 100/1-1 et seq.	
	Sec. 5-40(a)(5)	Sec. 5-40(b)(5)	

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

LEGISLATIVE REFERENCE BUREAU
NOTICE PURSUANT TO P.A. 87-823

1) Heading of Part: Public Information, Rulemaking and Organization

2) Code Citation: 2 Ill Adm Code 200

3) Sections: Authority Note
200.200

4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
Authority Note	Sec. 4.01	Sec. 5-15
	Par. 1004.01	Par. 1005-15
200.200	Par. 1001	Par. 1001-1

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

JUDGES RETIREMENT SYSTEM

NOTICE PURSUANT TO P.A. 87-823

1) Heading of Part: Public Information, Rulemaking and Organization

2) Code Citation: 2 Ill Adm Code 325

3) Sections: Authority Note

4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
Authority Note	Sec. 4.01	Sec. 5-15
	Par. 1004.01	Par. 1005-15

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

DEPARTMENT OF PUBLIC AID

NOTICE PURSUANT TO PUBLIC ACT 87-823

1) Heading of the Part: Freedom of Information2) Code Citation: 2 Ill. Adm. Code 11013) Section Numbers: Authority Note
1101.50

4) The Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended by Public Act 87-823, effective July 1, 1992, requires each agency to renumber citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of the Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act (IAPA), the following changes in the above named rules are made:

IAPA Citation Conversions	
Sections Affected	New Citation
Authority Note	Section 4.01 Paragraph 1004.01
Section 1101.50	Section 4.01 Paragraph 1004.01
	Section 5-15 Paragraph 1005-15
	Section 5-15 Paragraph 1005-15

These changes have been made to the rules on file with the Administrative Code Division, Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

DEPARTMENT OF PUBLIC AID

NOTICE PURSUANT TO PUBLIC ACT 87-823

1) Heading of the Part: Practice in Administrative Hearings2) Code Citation: 89 Ill. Adm. Code 1043) Section Numbers: 104.280
104.300

4) The Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended by Public Act 87-823, effective July 1, 1992, requires each agency to renumber citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of the Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act (IAPA), the following changes in the above named rules are made:

IAPA Citation Conversions	
Sections Affected	New Citation
Section 104.280	Section 15 Paragraph 1015
Section 104.300	Section 4 Paragraph 1004
	Section 5-10 Paragraph 1005-10

These changes have been made to the rules on file with the Administrative Code Division, Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

1) Heading of the Part: Public Information, Rulemaking and Organization

2) Code Citation: 2 Ill. Adm. Code 1100

3) Section Numbers: Authority Note

4) The Illinois Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended by Public Act 87-823, effective July 1, 1992, requires each agency to renumber citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of the Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act (IAPA), the following changes in the above named rules are made:

Sections Affected	IAPA Citation Conversions	
	Existing Citation	New Citation
Authority Note	Section 4.01 Paragraph 1004.01	Section 5-15 Paragraph 1005-15

These changes have been made to the rules on file with the Administrative Code Division, Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

1) Heading of the Part: BUSINESS CORPORATION ACT

2) Code Citation: 14 Ill. Adm. Code 150

3) Sections: 150.100 and 150.120

4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001) [5 ILCS 100/1-1] amended pursuant to P.A. 87-823, effective July 1, 1992 requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 the following changes in the above named rules are made:

Section/ Subsection Number	IAPA Citation Conversions:	
	Existing Cite	New Cite
150.100	Par. 1010-40	Par. 10-40
150.120	Par. 1010-60	Par. 10-60

These changes have been made to the Rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the Rule nor the date on which it became effective.

ILLINOIS REGISTER

SECRETARY OF STATE

NOTICE PURSUANT TO P.A. 87-823

1) Heading of the Part: DEPARTMENTAL DUTIES2) Code Citation: 2 Ill. Adm. Code 5523) Sections: Authority Note

4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001) [5 ILCS 100/1-1] amended pursuant to P.A. 87-823, effective July 1, 1992 requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 the following changes in the above named rules are made:

Section/ Subsection Number	IAPA Citation Conversions:	New Cite
Authority Note	Par. 1005-15	Par. 5-15

These changes have been made to the Rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the Rule nor the date on which it became effective.

SECRETARY OF STATE

NOTICE PURSUANT TO P.A. 87-823

1) Heading of the Part: DEPARTMENT OF PERSONNEL2) Code Citation: 80 Ill. Adm. Code 4203) Sections: 420.1030

4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001) [5 ILCS 100/1-1] amended pursuant to P.A. 87-823, effective July 1, 1992 requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 the following changes in the above named rules are made:

Section/ Subsection Number	IAPA Citation Conversions:	New Cite
420.1030	Existing Cite	Pars. 1001-1 et seq. Pars. 1-1 et seq.

These changes have been made to the Rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the Rule nor the date on which it became effective.

SECRETARY OF STATE

NOTICE PURSUANT TO P.A. 87-823

1) Heading of the Part: FREEDOM OF INFORMATION2) Code Citation: 2 Ill. Adm. Code 5513) Sections: 551.10

4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001) [5 ILCS 100/1-1] amended pursuant to P.A. 87-823, effective July 1, 1992 requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 the following changes in the above named rules are made:

<u>Section/ Subsection Number</u>	<u>IAPA Citation Conversions:</u> Existing Cite	New Cite
551.10	Par. 1005-15	Par. 5-15

These changes have been made to the Rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the Rule nor the date on which it became effective.

SECRETARY OF STATE

NOTICE PURSUANT TO P.A. 87-823

1) Heading of the Part: PUBLIC INFORMATION, RULEMAKING AND ORGANIZATION

2) Code Citation: 2 Ill. Adm. Code 5503) Sections: Authority Note and 550.110

4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001) [5 ILCS 100/1-1] amended pursuant to P.A. 87-823, effective July 1, 1992 requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 the following changes in the above named rules are made:

<u>Section/ Subsection Number</u>	<u>IAPA Citation Conversions:</u> Existing Cite	New Cite
Authority Note 550.110	Par. 1005-15 Pars. 1001-1 et seq.	Par. 5-15 Pars. 1-1 et seq.

These changes have been made to the Rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the Rule nor the date on which it became effective.

BOARD OF TRUSTEES OF SOUTHERN
ILLINOIS UNIVERSITY

NOTICE PURSUANT TO P.A. 87-823

- 1) Heading of Part: Public Information, Rulemaking and Organization

- 2) Code Citation: 2 Ill Adm Code 5125

- 3) Sections: Authority Note

- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
Authority Note	Sec. 4.01	Sec. 5-15
	Par. 1004.01	Par. 1005-15

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

STATE EMPLOYEES' RETIREMENT SYSTEM OF ILLINOIS

NOTICE PURSUANT TO P.A. 87-823

- 1) Heading of Part: Public Information, Rulemaking and Organization

- 2) Code Citation: 2 Ill Adm Code 2375

- 3) Sections: Authority Note
2375.110

- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/101 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation conversions:	
	Existing Cite	New Cite
Authority Note	Sec. 4.01	Sec. 5-15
	Par. 1004.01	Par. 1005-15
2375.110	Sec. 5	Sec. 5-35
	Par. 1005	Par. 1005.35

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ILLINOIS REGISTER

ILLINOIS DEPARTMENT OF TRANSPORTATION

NOTICE PURSUANT TO P.A. 87-823

- 1) Heading of the Part: Construction and Maintenance of Dams
- 2) Code Citation: 92 Ill. Adm. Code 702
- 3) Sections: 702.170
- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.
- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
702.170	Sec. 10-16	Article 10

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ILLINOIS REGISTER

ILLINOIS DEPARTMENT OF TRANSPORTATION

NOTICE PURSUANT TO P.A. 87-823

- 1) Heading of the Part: Floodway Construction in Northeastern Illinois
- 2) Code Citation: 92 Ill. Adm. Code 708
- 3) Sections: 708.20
- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.
- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
708.20	Sec. 3.01	Sec. 1-20
	Sec. 3.07	Sec. 1-60
	Par. 1003.01	Par. 1001-20
	Par. 1003.07	Par. 1001-60

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ILLINOIS DEPARTMENT OF TRANSPORTATION

NOTICE PURSUANT TO P.A. 87-823

- 1) Heading of the Part: Public Information, Rulemaking and Organization
- 2) Code Citation: 2 Ill. Adm. Code 1225
- 3) Sections: Authority Note and 1225.130
- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.
- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
Authority Note	Sec. 4.01	Sec. 5-15
	Par. 1004.01	Par. 1005-15
1225.130	Sec. 5(a)	Sec. 5-40

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ILLINOIS DEPARTMENT OF TRANSPORTATION

NOTICE PURSUANT TO P.A. 87-823

- 1) Heading of the Part: Rates To Be Charged By Official Testing Stations For Second Division Vehicles Other Than School Buses
- 2) Code Citation: 92 Ill. Adm. Code 454
- 3) Sections: Authority Note
- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.
- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
Authority Note	Sec. 17	Sec. 10-25
	Par. 1017	Par. 1010-25

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ILLINOIS DEPARTMENT OF TRANSPORTATION

NOTICE PURSUANT TO P.A. 87-823

- 1) Heading of the Part: Request For Public Records
- 2) Code Citation: 2 Ill. Adm. Code 1226
- 3) Sections: Authority Note
- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.
- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
	Sec. 4.01 Par. 1004.01	Sec. 5-15 Par. 1005-15

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ILLINOIS DEPARTMENT OF TRANSPORTATION

NOTICE PURSUANT TO P.A. 87-823

- 1) Heading of the Part: Rochelle Municipal Airport Hazard Zoning Regulations
- 2) Code Citation: 92 Ill. Adm. Code 76
- 3) Sections: 76.160
- 4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.
- 5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
76.160	Sec. 5.01 Sec. 5.02 Par. 1005.01 Par. 1005.02	Sec. 5-40 Sec. 5-45 Par. 1005-40 Par. 1005-45

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

ILLINOIS DEPARTMENT OF TRANSPORTATION

NOTICE PURSUANT TO P.A. 87-823

1) Heading of the Part: Rulemaking Procedures2) Code Citation: 92 Ill. Adm. Code 1023) Sections: 102.7

4) The Administrative Procedure Act (Ill. Rev. Stat. 1991, ch. 127, par. 1001-1 et seq.) [5 ILCS 100/1-1 et seq.], as amended pursuant to P.A. 87-823, effective July 1, 1992, requires each Agency to integrate all renumbered citations to the Act in their rules on file with the Administrative Code Division, Index Department, Office of Secretary of State, by July 1, 1993.

5) Pursuant to Section 5-155 of the Illinois Administrative Procedure Act, the following changes in the above named rules are made:

Section/ Subsection No.	IAPA Citation Conversions:	
	Existing Cite	New Cite
102.7	Sec. 4(a)(2)	Sec. 5-10(a)(ii)

These changes have been made to the rules on file with the Administrative Code Division of the Index Department, Office of the Secretary of State. These changes do not affect the validity of the rules nor the date on which they became effective.

PROCLAMATION

93-128

DISASTER AREAS - JACKSON AND ALEXANDER COUNTIES

A series of severe thunderstorms which brought torrential rains and excessive precipitation levels statewide beginning in mid-March and continuing to date have caused unusually high levels on the Mississippi River. Floodwaters behind the levees currently threaten citizens in communities along the Mississippi River in Jackson and Alexander counties that are normally protected by these levees.

In the interest of aiding those counties affected by the adverse weather and minimizing the threat to public health, safety and welfare of our citizens, I hereby declare Jackson and Alexander counties to be State of Illinois Disaster Areas, pursuant to provisions of Section 3305/7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7 (1992 State Bar Edition).

This gubernatorial declaration of disaster will aid the Illinois Emergency Management Agency in coordinating the assistance of local units of government, other State agencies, and volunteer resources in providing reason bly necessary emergency measures for disaster mitigation in the towns protected by the levees. This declaration will also make possible any requests for Federal disaster assistance.

Issued by the Governor May 13, 1993.

Filed with the Secretary of State May 13, 1993.

93-129

NATIONAL ASSOCIATION OF INSURANCE WOMEN'S WEEK

Whereas, professional insurance women make a significant contribution to the risk and insurance industry; and

Whereas, they are increasingly effective locally and statewide in promoting public awareness of important issues such as tort reform, automobile safety, and drunk driving;

Whereas, they are committed to maintaining the highest professional standards and ethics in the insurance industry;

Whereas, professional insurance women are working effectively on a national level as the National Association of Insurance Women (International), which has reached a membership of more than 15,000; and

Whereas, these insurance professionals have earned recognition for their outstanding accomplishments in the economically vital insurance industry

Therefore, I, Jim Edgar, Governor of the State of

Illinois, proclaim May 16-22, 1993, as NATIONAL ASSOCIATION OF INSURANCE WOMEN'S WEEK in Illinois in honor of their important and diverse roles throughout the risk and insurance industry.

Issued by the Governor May 4, 1993.

Filed with the Secretary of State May 20, 1993.

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4 Ill. Adm. Code 375	Americans With Disabilities Act Grievance Procedure (A-15976/92; CC-1673)			
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4 Ill. Adm. Code 725	Americans With Disabilities Act Grievance Procedure (A-11432/92; CC-1673)			
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80 Ill. Adm. Code 2160	Conditions of Employment (P-19285/92; A-5587)			
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89 Ill. Adm. Code 434	Audits, Reviews & Investigations (P-7115)			
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47 Ill. Adm. Code 100	Low Income Home Energy Assistance Program (P-16707/92; A-3836)			
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A - Adopted Rule	P - Proposed Rule
AR - Adopted Repealer	PF - Prohibited Filing Order by JCAR*
C - Notice of Corrections	PP - Peremptory or Court Ordered Rules
CC - Codification Changes	PR - Proposed Repealer
E - Emergency Rule	R - Refusal to meet JCAR Objection
ER - Emergency Repealer	RC - Statement of Recommendation
M - Modification to meet JCAR objections	S - Suspension ordered by JCAR
O - JCAR Statement of Objections	W - Withdrawal to meet JCAR Objections
RQ - Request for Correction	
EC - Expedited Corrections	
*Joint Committee on Administrative Rules	

ALL RULES ARE LISTED BY PART NUMBER AND HEADING ONLY. (FOR ACTION ON SPECIFIC SECTIONS, PLEASE REFER TO THE SECTIONS AFFECTED INDEX.) IF THERE ARE ANY QUESTIONS, PLEASE CONTACT THE ADMINISTRATIVE CODE DIVISION AT (217) 782-9786.

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TYPE OF RULEMAKING

am = amendment to existing Section
cc = codification changes
n = new Section
r = repeal of existing Section
re = reclassified
= renumbered

ACTION CODES

A = Adopted rule
C = Correction
P = Proposed Rule
E = Emergency rule
PP = Peremptory rule
M = Modification
W = Withdrawal
RQ = Request for Correction
PF = Prohibited filing
S = Suspension
O = JCAR Objection
R = Refusal to Modify
F = Failure to Remedy
Objections Objection
RC = Recommendation
EC = Expedited Correction
CC = Codification Changes

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100.130	am	(P-2867)	100.800	am (P-2867)
100.140	am	(P-2867)	100.810	am (P-2867)
100.150	am	(P-2867)	100.820	am (P-2867)
100.160	am	(P-2867)	100.900	am (P-2867)
100.180	am	(P-2867)	100.910	am (P-2867)
100.200	am	(P-2867)	100.920	am (P-2867)
100.210	am	(P-2867)	100.1000	am (P-2867)
100.220	am	(P-2867)	100.1010	am (P-2867)
100.230	am	(P-2867)	100.1020	am (P-2867)
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100.250	n	(P-2867)	100.1100	am (P-2867)
100.260	am	(P-2867)	100.1110	am (P-2867)
100.270	am	(P-2867)	100.1150	am (P-2867)
100.280	am	(P-2867)	100.1160	n (P-2867)
100.300	am	(P-2867)	100.1200	am (P-2867)
100.310	am	(P-2867)	100.1210	am (P-2867)
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100.340	am	(P-2867)	Il.H	n (P-2867)
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100.350	am	(P-2867)	100.Ap.D	am (P-2867)
100.360	am	(P-2867)	Il.A	am (P-2867)
100.380	am	(P-2867)	100.Ap.E	am (P-2867)
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100.390	am	(P-2867)	Il.D	am (P-2867)
100.400	am	(P-2867)	Il.F	am (P-2867)
100.410	am	(P-2867)	Il.G	n (P-2867)
100.415	am	(P-2867)	210.100	(CC-5965)
100.420	am	(P-2867)	210.200	(CC-5965)
100.430	am	(P-2867)	210.400	(CC-5965)
100.440	am	(P-2867)	210.450	(CC-5965)
100.450	am	(P-2867)	210.500	(CC-5965)
100.500	am	(P-2867)	220.100	(CC-5971)
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100.530	am	(P-2867)	220.200	(CC-5971)
100.540	am	(P-2867)	220.250	(CC-5971)
100.545	am	(P-2867)	220.275	(CC-5971)
100.550	am	(P-2867)	220.285	(CC-5971)
100.600	am	(P-2867)	220.300	(CC-5971)
100.610	am	(P-2867)	220.450	(CC-5971)
100.620	am	(P-2867)	220.500	(CC-5971)
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100.650	am	(P-2867)	220.760	(CC-5971)
100.660	am	(P-2867)	220.780	(CC-5971)

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220.950	(CC-5971)			350.110	(P-5582)	1075.20	n
220.1000	(CC-5971)			350.120	(P-5582)	1075.30	n
220.1100	(CC-5971)			350.130	(P-5582)	1075.40	n
220.1150	(CC-5971)	825.110		350.140	(P-5582)	1075.50	n
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230.600	(CC-5967)	800.20	n	700.101	(P-15684/92; A-6507)	TITLE 8	
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230.800	(CC-5967)			700.103	(P-15684/92; A-6507)	65.100	am
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240.200	(CC-5969)			775.10	(P-13710/92; A-6499)	65.210	am
240.500	(CC-5969)			775.20	(P-13710/92; A-6499)	65.220	am
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240.700	(CC-5969)			775.40	(P-13710/92; A-6499)	105.30	am
240.800	(CC-5969)			775.50	(P-13710/92; A-6499)	115.80	am
240.900	(CC-5969)			775.60	(P-13710/92; A-6499)	125.270	am
240.1100	(CC-5969)			775.70	(P-13710/92; A-6499)	125.390	am
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205.570 n

205.580 n

205.590 n

205.600 n

205.610 n

205.620 n

205.650 n

205.660 n

205.670 n

205.680 n

205.690 n

205.700 n

205.710 n

205.720 n

205.730 n

509.10 am

509.20 am

509.30 am

509.40 am

509.50 am

509.60 am

509.70 am

509.75 am

509.80 am

509.90 am

509.95 n

509.100 am

509.110 am

509.130 r

509.140 am

509.150 am

509.160 am

509.170 am

509.180 am

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509.185 am

509.175 r

509.190 am

509.195 r

509.200 am

509.210 am

509.220 am

509.230 am

509.240 r

509.250 r

509.260 r

509.265 r

509.270 am

510.30 am

510.200 am

510.220 am

1303.70 am

1303.120 r

1305.130 r

1305.140 am

1409.10 am

1409.20 am

1409.310 am

1409.410 am

1409.510 am

1409.710 am

1409.810 am

1409.100 am

1409.120 am

1409.135 am

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TITLE 14				TITLE 17 (CONT'D)			
150.20	am	(P-4167)	530.100	715.20	am	(P-4689)	1230.30
150.200	am	(P-4167)	530.105	715.21	n	(P-4689)	1230.40
150.210	am	(P-4167)	530.110	715.40	am	(P-4689)	1230.50
150.220	am	(P-4167)	530.115	720.10	am	(P-15260/92; A-281)	1230.60
150.240	am	(P-4167)	530.120			(P-4680)	1230.70
150.305	am	(P-4167)	550.10	720.20	am	(P-4680)	1230.80
150.400	am	(P-4167)	550.20	720.40	am	(P-15260/92; A-281)	1230.90
150.405	am	(P-4167)	550.30			(P-4680)	1230.100
150.420	am	(P-4167)	570.20	730.10	am	(P-4539)	1230.100
150.435	am	(P-4167)	570.30	730.20	am	(P-4539)	1230.100
150.470	am	(P-4167)	570.40	730.30	am	(P-4539)	1230.100
150.510	am	(P-4167)	570.50	740.10	am	(P-4757)	1230.100
150.520	am	(P-4167)	590.10	740.20	am	(P-4757)	1230.100
150.620	am	(P-4167)	590.20	810.20	am	(P-17414/92; A-3853)	1230.100
150.621	am	(P-4167)	590.25	810.35	am	(P-17414/92; A-3853)	1230.100
150.700	am	(P-4167)	590.30	810.37	am	(P-17414/92; A-3853)	1230.100
150.705	am	(P-4167)	590.40	810.45	am	(P-17414/92; A-3853)	1230.100
150.710	am	(P-4167)	590.50			(P-4636) (E-5915)	1230.100
150.720	am	(P-4167)	590.60	810.60	am	(P-17414/92; A-3853)	1230.100
170.20	am	(P-13784/92; A-427)	590.70	810.70	am	(P-17414/92; A-3853)	1230.100
520.920	am	(P-13691/92; A-1837)	650.20	830.10	am	(P-17405/92; A-3177)	1230.100
520.930	am	(P-13691/92; A-1837)	650.21	830.20	am	(P-17405/92; A-3177)	1230.100
520.1020	am	(P-13691/92; A-1837)	650.22	830.40	am	(P-17405/92; A-3177)	1230.100
520.1030	am	(P-13691/92; A-1837)	650.30	830.80	am	(P-17405/92; A-3177)	1230.100
1230.100	n	(P-9222/92; A-1859)	650.40	830.90	am	(P-17405/92; A-3177)	1230.100
1230.110	n	(P-9222/92; A-1859)	650.50	950.40	am	(P-6390)	1230.100
1230.200	n	(P-9222/92; A-1859)	650.60	950.50	am	(P-6390)	1230.100
1230.210	n	(P-9222/92; A-1859)	650.65	1050.20	am	(P-4608)	1230.100
1230.300	n	(P-9222/92; A-1859)	660.20	1536.10	am	(P-8107)	1230.100
1230.310	n	(P-9222/92; A-1859)	660.22	1536.25	am	(P-8107)	1230.100
1230.400	n	(P-9222/92; A-1859)	660.30	1536.30	am	(P-8107)	1230.100
1230.500	n	(P-9222/92; A-1859)	660.40	1536.40	am	(P-8107)	1230.100
1230.510	n	(P-9222/92; A-1859)	660.45	1536.50	am	(P-8107)	1230.100
1230.520	n	(P-9222/92; A-1859)	660.50	1536.60	am	(P-8107)	1230.100
1230.530	n	(P-9222/92; A-1859)	660.60	1536.65	n	(P-8107)	1230.100
1230.540	n	(P-9222/92; A-1859)	670.10	1536.70	am	(P-8107)	1230.100
				1536.80	am	(P-8107)	1230.100
				1536.90	am	(P-8107)	1230.100
				2530.20	am	(P-8107)	1230.100
				4180.120	am	(P-13718/92; A-1521)	1230.100
TITLE 17				TITLE 20			
220.30	am	(P-19993/92; A-6760)	670.20	440.10	r	(P-16371/92; A-1519)	1230.100
220.60	am	(P-19993/92; A-6760)	670.30	440.20	r	(P-16371/92; A-1519)	1230.100
370.	am	(CC-8091)	670.40	502.110	am	(P-6394)	1230.100
390.	am	(CC-8090)	670.50	525.140	am	(PP-1666) (PP-8069)	1230.100
510.10	am	(P-4601)	670.60	1230.10	am	(P-7768)	1230.100
530.10	am	(P-7138)	690.30	1230.20	am	(P-7768)	1230.100
530.20	am	(P-7138)	710.10				1230.100
530.70	am	(P-7138)	710.20				1230.100
530.80	am	(P-7138)	710.30				1230.100
530.90	am	(P-7138)	710.50				1230.100
			715.10				1230.100
							1230.100
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2720.20 am	(P-1403)	2762.10 am (P-1459)
2720.25 am	(P-1403)	2763.20 am (E-175) (P-1459)
2720.30 am	(P-1403)	2763.30 am (P-1459)
2720.40 am	(P-1403) (E-2055)	2763.50 am (P-1459)
2720.41 am	(P-1403)	2770.10 am (P-1505)
2720.42 am	(P-1403)	2770.20 am (P-1505)
2720.50 am	(P-1403)	2770.30 am (P-1505)
2720.55 am	(P-1403)	3040.100 am (P-958; A-7234)
2720.60 am	(P-1403)	3040.110 am (P-958; A-7234)
2720.70 am	(P-1403)	3040.120 am (P-958; A-7234)
2720.80 am	(P-1403)	3040.130 am (P-958; A-7234)
2720.90 am	(P-1403)	3040.140 am (P-958; A-7234)
2720.105 am	(P-1403)	3040.150 am (P-958; A-7234)
2720.120 am	(P-1403)	3040.160 am (P-958; A-7234)
2720.130 am	(P-1403)	3040.170 am (P-958; A-7234)
2720.200 am	(P-1403)	3040.200 am (P-958; A-7234)
2720.210 am	(P-1403)	3040.210 am (P-958; A-7234)
2720.Ap.A	(P-1403)	3040.220 am (P-958; A-7234)
2730.5 am	(P-1437)	3040.230 am (P-958; A-7234)
2730.10 am	(P-1437)	3040.240 am (P-958; A-7234)
2730.20 am	(P-1437)	3040.250 am (P-958; A-7234)
2731.10 am	(P-1381)	3040.260 am (P-958; A-7234)
2731.20 am	(P-1493)	
2732.10 am	(P-1493)	
2732.20 am	(P-1444)	
2733.10 am	(P-1444)	
2733.20 am	(P-1444)	
2733.30 am	(P-1470)	
2735.10 am	(P-1470)	
2735.20 am	(P-1470)	
2735.30 am	(E-5672)	
2735.40 am	(P-1470)	
2735.50 am	(P-1470)	
2735.60 am	(P-1470)	
2735.70 am	(P-1470)	
2735.80 am	(P-1470)	
2735.100 am	(P-1470)	
2760.5 am	(P-1497)	
2760.10 am	(P-1497)	
2760.30 am	(P-1497)	
2760.40 am	(P-1453)	
2761.10 am	(P-1453)	
2761.20 am	(P-1453)	
2761.30 am	(P-1484)	
2762.10 am	(P-1484)	
2762.20 am	(P-1484)	
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2762.40 am	(P-1484)	
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310.20 am	(P-3787)	
310.80 am	(P-3787)	
310.81 am	(P-3787)	
310.82 am	(P-3787)	
310.100 am	(P-3787)	
310.130 r	(P-3787)	
310.140 n	(P-3787)	
310.150 n	(P-3787)	
310.Ap.C r	(P-3787)	
340.10 n	(P-4070)	
340.20 n	(P-4070)	
340.30 n	(P-4070)	
340.40 n	(P-4070)	
340.110 n	(P-4070)	
340.210 n	(P-4070)	
340.220 n	(P-4070)	
340.230 n	(P-4070)	
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340.250 n	(P-4070)	
340.260 n	(P-4070)	
340.270 n	(P-4070)	
340.280 n	(P-4070)	
340.310 n	(P-4070)	

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340.410 n	340.1230 n	(P-4070)
340.510 n	340.1240 n	(P-4070)
340.520 n	340.1250 n	(P-4070)
340.530 n	340.1270 n	(P-4070)
340.610 n	340.1310 n	(P-4070)
340.620 n	340.1320 n	(P-4070)
340.630 n	340.Ap.A n	(P-4070)
340.710 n	340.II.A n	(P-3997)
340.720 n	340.2010 r	(P-3997)
340.730 n	340.2020 r	(P-3997)
340.810 n	340.2030 r	(P-3997)
340.910 n	340.2040 r	(P-3997)
340.920 n	340.2050 r	(P-3997)
340.930 n	340.2060 r	(P-3997)
340.940 n	340.2070 r	(P-3997)
340.950 n	340.3010 r	(P-3997)
340.960 n	340.3020 r	(P-3997)
340.1000 r	340.3030 r	(P-3997)
340.1010 r	340.3040 r	(P-3997)
340.1020 r	340.3050 r	(P-3997)
340.1030 r	340.3060 r	(P-3997)
340.1040 r	340.3070 r	(P-3997)
340.1050 r	340.3080 r	(P-3997)
340.1052 n	340.3090 r	(P-3997)
340.1055 n	340.3110 r	(P-3997)
340.1060 r	340.4010 r	(P-3997)
340.1062 n	340.4020 r	(P-3997)
340.1065 n	340.4030 r	(P-3997)
340.1067 n	340.4050 r	(P-3997)
340.1069 r	340.4070 r	(P-3997)
340.1070 r	340.4080 r	(P-3997)
340.1072 n	340.4090 r	(P-3997)
340.1074 n	340.Ap.A r	(P-3997)
340.1076 n	340.Ap.B r	(P-3997)
340.1078 n	340.Ap.C r	(P-3997)
340.1080 n	340.1110 n	(P-3997)
340.1082 n	340.1120 n	(P-3997)
340.1084 n	340.1130 n	(P-3997)
340.1086 n	340.1135 n	(P-3997)
340.1088 n	340.1140 n	(P-3997)
340.1090 n	340.1150 n	(P-3997)
340.1092 n	340.1160 n	(P-3997)
340.1094 n	340.1170 n	(P-3997)
340.1096 n	340.1180 n	(P-3997)
340.1098 n	340.1190 n	(P-3997)
340.1100 n	340.1195 n	(P-3997)
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	203.101 am	(P-18919/92; A-6973)
	203.107 am	(P-18919/92; A-6973)
	203.110 am	(P-18919/92; A-6973)
	203.112 am	(P-18919/92; A-6973)
	203.122 #	(P-18919/92; A-6973)
	203.123 #	(P-18919/92; A-6973)
	203.123 n	(P-18919/92; A-6973)
	203.126 am	(P-18919/92; A-6973)
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203.150 am	(P-18919/92; A-6973)	211.830 n	(P-4782)	211.1870 n	(P-4782)	211.2910 n	(P-4782)
203.201 am	(P-18919/92; A-6973)	211.850 n	(P-4782)	211.1890 n	(P-4782)	211.2930 n	(P-4782)
203.203 am	(P-18919/92; A-6973)	211.870 n	(P-4782)	211.1910 n	(P-4782)	211.2950 n	(P-4782)
203.206 am	(P-18919/92; A-6973)	211.890 n	(P-4782)	211.1930 n	(P-4782)	211.2970 n	(P-4782)
203.207 am	(P-18919/92; A-6973)	211.910 n	(P-4782)	211.1950 n	(P-4782)	211.2990 n	(P-4782)
203.208 am	(P-18919/92; A-6973)	211.930 n	(P-4782)	211.1970 n	(P-4782)	211.3010 n	(P-4782)
203.209 am	(P-18919/92; A-6973)	211.950 n	(P-4782)	211.1990 n	(P-4782)	211.3030 n	(P-4782)
203.301 am	(P-18919/92; A-6973)	211.970 n	(P-4782)	211.2010 n	(P-4782)	211.3050 n	(P-4782)
203.302 am	(P-18919/92; A-6973)	211.990 n	(P-4782)	211.2050 n	(P-4782)	211.3070 n	(P-4782)
203.303 am	(P-18919/92; A-6973)	211.1010 n	(P-4782)	211.2070 n	(P-4782)	211.3090 n	(P-4782)
203.306 am	(P-18919/92; A-6973)	211.1050 n	(P-4782)	211.2090 n	(P-4782)	211.3110 n	(P-4782)
203.801 n	(P-18919/92; A-6973)	211.1090 n	(P-4782)	211.2110 n	(P-4782)	211.3130 n	(P-4782)
211.102 am	(P-4782)	211.1110 n	(P-4782)	211.2130 n	(P-4782)	211.3150 n	(P-4782)
211.121 am	(P-4782)	211.1130 n	(P-4782)	211.2150 n	(P-4782)	211.3170 n	(P-4782)
211.122 r	(P-4782)	211.1150 n	(P-4782)	211.2170 n	(P-4782)	211.3190 n	(P-4782)
211.130 n	(P-4782)	211.1170 n	(P-4782)	211.2190 n	(P-4782)	211.3210 n	(P-4782)
211.150 n	(P-4782)	211.1190 n	(P-4782)	211.2210 n	(P-4782)	211.3230 n	(P-4782)
211.170 n	(P-4782)	211.1210 n	(P-4782)	211.2230 n	(P-4782)	211.3250 n	(P-4782)
211.210 n	(P-4782)	211.1230 n	(P-4782)	211.2250 n	(P-4782)	211.3270 n	(P-4782)
211.230 n	(P-4782)	211.1250 n	(P-4782)	211.2270 n	(P-4782)	211.3290 n	(P-4782)
211.250 n	(P-4782)	211.1270 n	(P-4782)	211.2310 n	(P-4782)	211.3310 n	(P-4782)
211.290 n	(P-4782)	211.1290 n	(P-4782)	211.2330 n	(P-4782)	211.3330 n	(P-4782)
211.310 n	(P-4782)	211.1310 n	(P-4782)	211.2350 n	(P-4782)	211.3350 n	(P-4782)
211.330 n	(P-4782)	211.1330 n	(P-4782)	211.2370 n	(P-4782)	211.3370 n	(P-4782)
211.350 n	(P-4782)	211.1350 n	(P-4782)	211.2390 n	(P-4782)	211.3390 n	(P-4782)
211.370 n	(P-4782)	211.1370 n	(P-4782)	211.2410 n	(P-4782)	211.3410 n	(P-4782)
211.390 n	(P-4782)	211.1390 n	(P-4782)	211.2430 n	(P-4782)	211.3430 n	(P-4782)
211.410 n	(P-4782)	211.1410 n	(P-4782)	211.2450 n	(P-4782)	211.3450 n	(P-4782)
211.430 n	(P-4782)	211.1430 n	(P-4782)	211.2470 n	(P-4782)	211.3470 n	(P-4782)
211.450 n	(P-4782)	211.1470 n	(P-4782)	211.2490 n	(P-4782)	211.3490 n	(P-4782)
211.470 n	(P-4782)	211.1490 n	(P-4782)	211.2510 n	(P-4782)	211.3510 n	(P-4782)
211.490 n	(P-4782)	211.1510 n	(P-4782)	211.2530 n	(P-4782)	211.3530 n	(P-4782)
211.510 n	(P-4782)	211.1530 n	(P-4782)	211.2550 n	(P-4782)	211.3550 n	(P-4782)
211.530 n	(P-4782)	211.1550 n	(P-4782)	211.2570 n	(P-4782)	211.3570 n	(P-4782)
211.550 n	(P-4782)	211.1570 n	(P-4782)	211.2590 n	(P-4782)	211.3590 n	(P-4782)
211.570 n	(P-4782)	211.1590 n	(P-4782)	211.2650 n	(P-4782)	211.3610 n	(P-4782)
211.590 n	(P-4782)	211.1610 n	(P-4782)	211.2670 n	(P-4782)	211.3630 n	(P-4782)
211.610 n	(P-4782)	211.1630 n	(P-4782)	211.2690 n	(P-4782)	211.3650 n	(P-4782)
211.630 n	(P-4782)	211.1650 n	(P-4782)	211.2710 n	(P-4782)	211.3670 n	(P-4782)
211.650 n	(P-4782)	211.1670 n	(P-4782)	211.2730 n	(P-4782)	211.3690 n	(P-4782)
211.670 n	(P-4782)	211.1690 n	(P-4782)	211.2750 n	(P-4782)	211.3710 n	(P-4782)
211.690 n	(P-4782)	211.1710 n	(P-4782)	211.2770 n	(P-4782)	211.3730 n	(P-4782)
211.710 n	(P-4782)	211.1730 n	(P-4782)	211.2790 n	(P-4782)	211.3750 n	(P-4782)
211.730 n	(P-4782)	211.1750 n	(P-4782)	211.2810 n	(P-4782)	211.3770 n	(P-4782)
211.750 n	(P-4782)	211.1770 n	(P-4782)	211.2830 n	(P-4782)	211.3790 n	(P-4782)
211.770 n	(P-4782)	211.1790 n	(P-4782)	211.2850 n	(P-4782)	211.3810 n	(P-4782)
211.790 n	(P-4782)	211.1810 n	(P-4782)	211.2870 n	(P-4782)	211.3830 n	(P-4782)
211.810 n	(P-4782)	211.1830 n	(P-4782)	211.2890 n	(P-4782)	211.3850 n	(P-4782)
		211.1850 n	(P-4782)	211.2890 n	(P-4782)	211.3870 n	(P-4782)

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211.3890 n	(P-4782)	211.4930 n	211.5990 n	(P-4782)	211.7110 n
211.3910 n	(P-4782)	211.4950 n	211.6010 n	(P-4782)	211.7130 n
211.3930 n	(P-4782)	211.4990 n	211.6030 n	(P-4782)	211.7150 n
211.3970 n	(P-4782)	211.5030 n	211.6050 n	(P-4782)	211.7170 n
211.3990 n	(P-4782)	211.5050 n	211.6070 n	(P-4782)	211.7190 n
211.4010 n	(P-4782)	211.5070 n	211.6090 n	(P-4782)	211.7210 n
211.4030 n	(P-4782)	211.5090 n	211.6130 n	(P-4782)	211.7230 n
211.4050 n	(P-4782)	211.5110 n	211.6150 n	(P-4782)	211.7250 n
211.4070 n	(P-4782)	211.5130 n	211.6190 n	(P-4782)	211.7270 n
211.4090 n	(P-4782)	211.5150 n	211.6210 n	(P-4782)	211.7290 n
211.4110 n	(P-4782)	211.5170 n	211.6230 n	(P-4782)	211.7310 n
211.4130 n	(P-4782)	211.5190 n	211.6270 n	(P-4782)	211.7330 n
211.4150 n	(P-4782)	211.5210 n	211.6290 n	(P-4782)	211.7350 n
211.4170 n	(P-4782)	211.5230 n	211.6310 n	(P-4782)	218.100 am
211.4190 n	(P-4782)	211.5250 n	211.6330 n	(P-4782)	218.101 n
211.4210 n	(P-4782)	211.5270 n	211.6350 n	(P-4782)	218.102 am
211.4230 n	(P-4782)	211.5290 n	211.6370 n	(P-4782)	218.103 am
211.4250 n	(P-4782)	211.5310 n	211.6390 n	(P-4782)	218.104 am
211.4270 n	(P-4782)	211.5330 n	211.6410 n	(P-4782)	218.105 am
211.4290 n	(P-4782)	211.5350 n	211.6430 n	(P-4782)	218.106 am
211.4310 n	(P-4782)	211.5370 n	211.6450 n	(P-4782)	218.107 am
211.4330 n	(P-4782)	211.5410 n	211.6470 n	(P-4782)	218.109 am
211.4350 n	(P-4782)	211.5430 n	211.6490 n	(P-4782)	218.110 am
211.4370 n	(P-4782)	211.5450 n	211.6510 n	(P-4782)	218.111 am
211.4390 n	(P-4782)	211.5470 n	211.6530 n	(P-4782)	218.112 am
211.4410 n	(P-4782)	211.5490 n	211.6550 n	(P-4782)	218.121 am
211.4430 n	(P-4782)	211.5510 n	211.6570 n	(P-4782)	218.122 am
211.4450 n	(P-4782)	211.5530 n	211.6590 n	(P-4782)	218.123 am
211.4470 n	(P-4782)	211.5550 n	211.6610 n	(P-4782)	218.124 am
211.4490 n	(P-4782)	211.5570 n	211.6670 n	(P-4782)	218.125 r
211.4510 n	(P-4782)	211.5590 n	211.6690 n	(P-4782)	218.126 r
211.4530 n	(P-4782)	211.5610 n	211.6730 n	(P-4782)	218.141 am
211.4550 n	(P-4782)	211.5630 n	211.6750 n	(P-4782)	218.143 am
211.4570 n	(P-4782)	211.5670 n	211.6770 n	(P-4782)	218.144 am
211.4590 n	(P-4782)	211.5690 n	211.6790 n	(P-4782)	218.141 am
211.4610 n	(P-4782)	211.5710 n	211.6810 n	(P-4782)	218.182 am
211.4630 n	(P-4782)	211.5730 n	211.6850 n	(P-4782)	218.183 am
211.4650 n	(P-4782)	211.5750 n	211.6870 n	(P-4782)	218.184 am
211.4670 n	(P-4782)	211.5770 n	211.6890 n	(P-4782)	218.185 r
211.4690 n	(P-4782)	211.5790 n	211.6910 n	(P-4782)	218.186 am
211.4710 n	(P-4782)	211.5810 n	211.6930 n	(P-4782)	218.204 am
211.4730 n	(P-4782)	211.5830 n	211.6950 n	(P-4782)	218.205 am
211.4750 n	(P-4782)	211.5850 n	211.6970 n	(P-4782)	218.206 am
211.4770 n	(P-4782)	211.5870 n	211.7010 n	(P-4782)	218.207 am
211.4790 n	(P-4782)	211.5890 n	211.7030 n	(P-4782)	218.208 am
211.4810 n	(P-4782)	211.5910 n	211.7070 n	(P-4782)	218.209 am
211.4870 n	(P-4782)	211.5930 n	211.7090 n	(P-4782)	218.210 am
211.4890 n	(P-4782)	211.5950 n			218.211 am
211.4910 n	(P-4782)	211.5970 n			

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219.585	am	(P-5169)	219.983	am	(P-5169)
219.586	am	(P-5169)	219.986	am	(P-5169)
219.601	am	(P-5169) (E-8295)	219.987	am	(P-5169)
219.602	am	(P-5169)	219.988	am	(P-5169)
219.603	am	(P-5169)	219.990	am	(P-5169)
219.604	r	(P-5169)	219.991	am	(P-5169)
219.605	r	(P-5169)	219.992	am	(P-5169)
219.606	r	(P-5169)	219.993	am	(P-5169)
219.608	am	(P-5169)	219.994	am	(P-5169)
219.610	am	(P-5169)	219.995	am	(P-5169)
219.611	am	(P-5169)	219.996	am	(P-5169)
219.612	r	(P-5169)	219.997	am	(P-5169)
219.613	r	(P-5169)	219.998	am	(P-5169)
219.620	am	(P-5169)	219.999	am	(P-5169)
219.621	am	(P-5169)	219.1000	am	(P-5169)
219.623	am	(P-5169)	219.1001	am	(P-5169)
219.624	am	(P-5169)	219.1002	am	(P-5169)
219.628	am	(P-5169)	219.1003	am	(P-5169)
219.636	am	(P-5169)	219.1004	am	(P-5169)
219.640	#	(P-5169)	219.1005	am	(P-5169)
219.640	am	(P-5169)	219.1006	am	(P-5169)
219.642	#	(P-5169)	219.1007	am	(P-5169)
219.644	#	(P-5169)	219.1008	am	(P-5169)
219.644	am	(P-5169)	219.1009	am	(P-5169)
219.875	#	(P-5169)	219.1010	am	(P-5169)
219.877	#	(P-5169)	219.1011	am	(P-5169)
219.879	r	(P-5169)	219.1012	am	(P-5169)
219.881	r	(P-5169)	219.1013	am	(P-5169)
219.883	r	(P-5169)	219.1014	am	(P-5169)
219.886	#	(P-5169)	219.1015	am	(P-5169)
219.920	am	(P-5169)	219.1016	am	(P-5169)
219.923	am	(P-5169)	219.1017	am	(P-5169)
219.926	am	(P-5169)	219.1018	am	(P-5169)
219.927	am	(P-5169)	219.1019	am	(P-5169)
219.928	am	(P-5169)	219.1020	am	(P-5169)
219.940	am	(P-5169)	219.1021	am	(P-5169)
219.943	am	(P-5169)	219.1022	am	(P-5169)
219.946	am	(P-5169)	219.1023	am	(P-5169)
219.948	am	(P-5169)	219.1024	am	(P-5169)
219.963	am	(P-5169)	219.1025	am	(P-5169)
219.966	am	(P-5169)	219.1026	am	(P-5169)
219.967	am	(P-5169)	219.1027	am	(P-5169)
219.968	am	(P-5169; C-6539)	219.1028	am	(P-5169)

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320.202	n	(P-2469)	611.361	n	(P-2533; A-7796)
320.203	n	(P-2469)	611.510	am	(P-7629)
320.204	n	(P-2469)	611.521	am	(P-2533; A-7796)
320.301	n	(P-2469)	611.560	am	(P-2533; A-7796)
320.302	n	(P-2469)	611.600	am	(P-7629)
604.101	r	(P-7621)	611.601	am	(P-7629)
604.102	r	(P-7621)	611.603	am	(P-7629)
604.103	r	(P-7621)	611.609	am	(P-7629)
604.104	r	(P-7621)	611.611	am	(P-2533; A-7796)
604.105	r	(P-7621)	611.612	am	(P-7629)
604.401	r	(P-7621)	611.630	am	(P-2533; A-7796)
605.101	r	(P-2682; A-7943)	611.640	am	(P-2533; A-7796)
605.102	r	(P-2682; A-7943)	611.646	am	(P-7629)
605.109	r	(P-7738)	611.647	am	(P-2533; A-7796)
611.101	am	(P-2533; A-7796)	611.648	am	(P-2533; A-7796)
611.102	am	(P-7629)	611.649	am	(P-7629)
611.107	n	(A-7796)	611.650	am	(P-2533; A-7796)
611.110	am	(P-2533; A-7796)	611.651	am	(P-7629)
611.111	am	(P-2533; A-7796)	611.652	am	(P-2533; A-7796)
611.112	am	(P-2533; A-7796)	611.653	am	(P-2533; A-7796)
611.113	am	(P-2533; A-7796)	611.654	am	(P-2533; A-7796)
611.130	n	(P-2533; A-7796)	611.655	am	(P-2533; A-7796)
611.240	am	(P-7629)	611.656	am	(P-2533; A-7796)
611.280	am	(P-2533; A-7796)	611.657	am	(P-2533; A-7796)
611.290	am	(P-2533; A-7796)	611.658	am	(P-2533; A-7796)
611.297	n	(P-2533; A-7796)	611.659	am	(P-2533; A-7796)
611.300	am	(P-2533; A-7796)	611.660	am	(P-2533; A-7796)
611.301	am	(P-2533; A-7796)	611.661	am	(P-2533; A-7796)
611.310	am	(P-7629)	611.662	am	(P-2533; A-7796)
611.311	am	(P-2533; A-7796)	611.663	am	(P-2533; A-7796)
611.350	n	(P-2533; A-7796)	611.664	am	(P-2533; A-7796)
611.351	n	(P-2533; A-7796)	611.665	am	(P-2533; A-7796)
611.352	n	(P-2533; A-7796)	611.666	am	(P-2533; A-7796)
611.353	n	(P-2533; A-7796)	611.667	am	(P-2533; A-7796)
611.354	n	(P-2533; A-7796)	611.668	am	(P-2533; A-7796)
611.355	n	(P-2533; A-7796)	611.669	am	(P-2533; A-7796)
611.356	n	(P-2533; A-7796)	611.670	am	(P-2533; A-7796)
611.357	n	(P-2533; A-7796)	611.671	am	(P-2533; A-7796)
611.358	n	(P-2533; A-7796)	611.672	am	(P-2533; A-7796)
611.359	n	(P-2533; A-7796)	611.673	am	(P-2533; A-7796)

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724.326	am	(P-16970/92; A-5806)	130.30	am	(P-6929)
724.328	n	(P-16970/92; A-5806)	130.60	am	(P-6929)
724.351	am	(P-16970/92; A-5806)	180.10	am	(P-14006/92; A-123)
724.352	n	(P-16970/92; A-5806)	180.22	n	(P-14006/92; A-123)
724.353	n	(P-16970/92; A-5806)	180.24	n	(P-14006/92; A-123)
724.354	am	(P-16970/92; A-5806)	180.30	am	(P-14006/92; A-123)
724.401	am	(P-16970/92; A-5806)	180.85	am	(P-5990) (E-6321)
724.402	n	(P-16970/92; A-5806)	180.92	n	(P-14006/92; A-123)
724.403	am	(P-16970/92; A-5806)	180.94	n	(P-14006/92; A-123)
724.404	n	(P-16970/92; A-5806)	180.100	am	(P-14006/92; A-123)
724.410	am	(P-16970/92; A-5806)	190.35	n	(P-6599)
724.673	am	(P-16970/92; A-5806)	190.70	am	(P-6599)
725.113	am	(P-16831/92; A-5681)	190.75	n	(P-6599)
725.115	am	(P-16831/92; A-5681)	190.165	am	(P-6599)
725.119	n	(P-16831/92; A-5681)	400.110	re	(A-4464)
725.173	am	(P-16831/92; A-5681)	400.120	re	(A-4464)
725.321	am	(P-16831/92; A-5681)	400.130	re	(A-4464)
725.322	r	(P-16831/92; A-5681)	400.140	re	(A-4464)
725.322	n	(P-16831/92; A-5681)	400.141	re	(A-4464)
725.323	r	(P-16831/92; A-5681)	400.142	re	(A-4464)
725.324	n	(P-16831/92; A-5681)	400.143	re	(A-4464)
725.326	am	(P-16831/92; A-5681)	400.150	re	(A-4464)
725.328	am	(P-16831/92; A-5681)	400.205	re	(A-4464)
725.354	am	(P-16831/92; A-5681)	400.210	re	(A-4464)
725.355	n	(P-16831/92; A-5681)	400.220	re	(A-4464)
725.359	n	(P-16831/92; A-5681)	400.230	re	(A-4464)
725.360	n	(P-16831/92; A-5681)	400.240	re	(A-4464)
725.402	r	(P-16831/92; A-5681)	400.250	re	(A-4464)
725.402	n	(P-16831/92; A-5681)	400.260	re	(A-4464)
725.403	n	(P-16831/92; A-5681)	400.270	re	(A-4464)
725.404	n	(P-16831/92; A-5681)	400.280	re	(A-4464)
725.410	am	(P-16831/92; A-5681)	400.290	re	(A-4464)
725.543	am	(P-16831/92; A-5681)	400.310	re	(A-4464)
726.200	am	(P-17028/92; A-5865)	400.410	re	(A-4464)
728.103	am	(P-16878/92; A-5727)	400.420	re	(A-4464)
728.135	am	(P-16878/92; A-5727)	400.440	re	(A-4464)
728.141	am	(P-16878/92; A-5727)	400.510	re	(A-4464)
728.Tb.D	am	(P-16878/92; A-5727)	400.610	re	(A-4464)
738.101	am	(P-16770/92; A-6190)	400.615	re	(A-4464)
738.110	am	(P-16770/92; A-6190)	400.620	re	(A-4464)
858.207	am	(E-16191/92; O-18856/92; RC-18857/92; M-2438)	400.630	re	(A-4464)
876.	n	(P-20002/92; O-8084)	400.640	re	(A-4464)
1422.122	n		400.650	re	(A-4464)
			400.660	re	(A-4464)
			400.665	re	(A-4464)
			400.670	re	(A-4464)

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400.680	re	(A-4464)	400.1590	re	(A-4464)
400.690	re	(A-4464)	400.1600	re	(A-4464)
400.700	re	(A-4464)	400.1610	re	(A-4464)
400.710	re	(A-4464)	400.1620	re	(A-4464)
400.720	re	(A-4464)	400.1630	re	(A-4464)
400.810	re	(A-4464)	400.1640	re	(A-4464)
400.910	re	(A-4464)	400.1650	re	(A-4464)
400.1010	re	(A-4464)	400.1660	re	(A-4464)
400.1020	re	(A-4464)	400.1670	re	(A-4464)
400.1030	re	(A-4464)	400.1680	re	(A-4464)
400.1040	re	(A-4464)	400.1690	re	(A-4464)
400.1050	re	(A-4464)	400.1700	re	(A-4464)
400.1060	re	(A-4464)	400.1710	re	(A-4464)
400.1070	re	(A-4464)	400.1720	re	(A-4464)
400.1080	re	(A-4464)	400.1730	re	(A-4464)
400.1090	re	(A-4464)	400.1740	re	(A-4464)
400.1110	re	(A-4464)	400.1750	re	(A-4464)
400.1120	re	(A-4464)	400.1760	re	(A-4464)
400.1130	re	(A-4464)	400.1770	re	(A-4464)
400.1140	re	(A-4464)	400.1780	re	(A-4464)
400.1150	re	(A-4464)	400.1790	re	(A-4464)
400.1160	re	(A-4464)	400.1800	re	(A-4464)
400.1170	re	(A-4464)	400.1810	re	(A-4464)
400.1180	re	(A-4464)	400.1905	re	(A-4464)
400.1190	re	(A-4464)	400.1910	re	(A-4464)
400.1200	re	(A-4464)	400.1915	re	(A-4464)
400.1210	re	(A-4464)	400.1920	re	(A-4464)
400.1220	re	(A-4464)	400.1925	re	(A-4464)
400.1310	re	(A-4464)	400.1930	re	(A-4464)
400.1320	re	(A-4464)	400.1935	re	(A-4464)
400.1330	re	(A-4464)	400.1940	re	(A-4464)
400.1340	re	(A-4464)	400.1945	re	(A-4464)
400.1410	re	(A-4464)	400.1950	re	(A-4464)
400.1420	re	(A-4464)	400.1955	re	(A-4464)
400.1430	re	(A-4464)	400.1970	re	(A-4464)
400.1440	re	(A-4464)	400.1972	re	(A-4464)
400.1450	re	(A-4464)	400.1975	re	(A-4464)
400.1460	re	(A-4464)	400.1980	re	(A-4464)
400.1470	re	(A-4464)	400.1982	re	(A-4464)
400.1480	re	(A-4464)	400.1985	re	(A-4464)
400.1510	re	(A-4464)	400.1990	re	(A-4464)
400.1520	re	(A-4464)	400.1993	re	(A-4464)
400.1530	re	(A-4464)	400.1997	re	(A-4464)
400.1540	re	(A-4464)	400.2005	re	(A-4464)
400.1550	re	(A-4464)	400.2010	re	(A-4464)
400.1560	re	(A-4464)	400.2020	re	(A-4464)
400.1570	re	(A-4464)	400.2030	re	(A-4464)

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TITLE 38 (CONT'D)			TITLE 38 (CONT'D)			TITLE 38 (CONT'D)		
400.2040	re	(A-4464)	450.230	re	(A-4475)	450.1550	re	(A-4475)
400.2040	re	(A-4464)	450.240	re	(A-4475)	450.1660	re	(A-4475)
400.2050	re	(A-4464)	450.250	re	(A-4475)	450.1670	re	(A-4475)
400.2055	re	(A-4464)	450.255	re	(A-4475)	450.1680	re	(A-4475)
400.2060	re	(A-4464)	450.260	am	(P-17570/92; A-3513)	450.1690	re	(A-4475)
400.2070	re	(A-4464)	450.260	re	(A-4475)	450.1700	re	(A-4475)
400.2105	re	(A-4464)	450.270	re	(A-4475)	450.1720	re	(A-4475)
400.2110	re	(A-4464)	450.280	re	(A-4475)	450.1730	re	(A-4475)
400.2120	re	(A-4464)	450.290	re	(A-4475)	450.1740	re	(A-4475)
400.2200	re	(A-4464)	450.310	re	(A-4475)	450.1750	re	(A-4475)
400.2300	re	(A-4464)	450.320	re	(A-4475)	450.1760	re	(A-4475)
400.2310	re	(A-4464)	450.330	re	(A-4475)	450.1770	re	(A-4475)
400.2320	re	(A-4464)	450.340	re	(A-4475)	450.1790	re	(A-4475)
400.2330	re	(A-4464)	450.350	re	(A-4475)	1000.110	re	(A-4464)
400.2340	re	(A-4464)	450.410	am	(P-17570/92; A-3513)	1000.120	re	(A-4464)
400.2400	re	(A-4464)	450.410	re	(A-4475)	1000.130	re	(A-4464)
400.2410	re	(A-4464)	450.420	re	(A-4475)	1000.140	re	(A-4464)
400.2420	re	(A-4464)	450.425	n	(P-17570/92; A-3513)	1000.141	re	(A-4464)
400.2500	re	(A-4464)	450.425	re	(A-4475)	1000.142	re	(A-4464)
400.2510	re	(A-4464)	450.430	re	(A-4475)	1000.143	re	(A-4464)
400.2520	re	(A-4464)	450.440	re	(A-4475)	1000.150	re	(A-4464)
400.2530	re	(A-4464)	450.450	re	(A-4475)	1000.205	re	(A-4464)
400.2540	re	(A-4464)	450.460	re	(A-4475)	1000.210	re	(A-4464)
400.2550	re	(A-4464)	450.470	re	(A-4475)	1000.220	re	(A-4464)
400.2700	re	(A-4464)	450.475	re	(A-4475)	1000.230	re	(A-4464)
400.2710	re	(A-4464)	450.480	re	(A-4475)	1000.240	re	(A-4464)
450.110	re	(A-4475)	450.490	re	(A-4475)	1000.250	re	(A-4464)
450.115	re	(A-4475)	450.610	re	(A-4475)	1000.260	re	(A-4464)
450.120	re	(A-4475)	450.620	re	(A-4475)	1000.270	re	(A-4464)
450.125	re	(A-4475)	450.630	re	(A-4475)	1000.280	re	(A-4464)
450.130	re	(A-4475)	450.640	re	(A-4475)	1000.290	re	(A-4464)
450.135	n	(P-17570/92; A-3513)	450.650	re	(A-4475)	1000.310	re	(A-4464)
450.135	re	(A-4475)	450.660	re	(A-4475)	1000.410	re	(A-4464)
450.140	re	(A-4475)	450.710	re	(A-4475)	1000.420	re	(A-4464)
450.145	n	(P-17570/92; A-3513)	450.720	re	(A-4475)	1000.430	re	(A-4464)
450.145	re	(A-4475)	450.730	re	(A-4475)	1000.440	re	(A-4464)
450.150	re	(A-4475)	450.740	re	(A-4475)	1000.510	re	(A-4464)
450.160	n	(P-17570/92; A-3513)	450.750	re	(A-4475)	1000.610	re	(A-4464)
450.160	re	(A-4475)	450.810	re	(A-4475)	1000.615	re	(A-4464)
450.165	n	(P-17570/92; A-3513)	450.820	re	(A-4475)	1000.620	re	(A-4464)
450.165	re	(A-4475)	450.830	re	(A-4475)	1000.630	re	(A-4464)
450.170	re	(A-4475)	450.840	re	(A-4475)	1000.640	re	(A-4464)
450.175	am	(P-17570/92; A-3513)	450.850	re	(A-4475)	1000.650	re	(A-4464)
450.175	re	(A-4475)	450.860	re	(A-4475)	1000.660	re	(A-4464)
450.185	re	(A-4475)	450.910	re	(A-4475)	1000.665	re	(A-4464)
450.210	am	(P-17570/92; A-3513)	450.920	re	(A-4475)	1000.670	re	(A-4464)
450.210	re	(A-4475)	450.930	re	(A-4475)	1000.675	re	(A-4464)
450.220	am	(P-17570/92; A-3513)	450.940	am	(P-17570/92; A-3513)	1000.680	re	(A-4464)
450.220	re	(A-4475)	450.940	re	(A-4475)	1000.690	re	(A-4464)

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1000.700	re	(A-4464)	1000.1610	re	(A-4464)
1000.710	re	(A-4464)	1000.1620	re	(A-4464)
1000.720	re	(A-4464)	1000.1630	re	(A-4464)
1000.810	re	(A-4464)	1000.1640	re	(A-4464)
1000.910	re	(A-4464)	1000.1650	re	(A-4464)
1000.1010	re	(A-4464)	1000.1660	re	(A-4464)
1000.1020	re	(A-4464)	1000.1670	re	(A-4464)
1000.1030	re	(A-4464)	1000.1680	re	(A-4464)
1000.1040	re	(A-4464)	1000.1690	re	(A-4464)
1000.1050	re	(A-4464)	1000.1700	re	(A-4464)
1000.1060	re	(A-4464)	1000.1710	re	(A-4464)
1000.1070	re	(A-4464)	1000.1720	re	(A-4464)
1000.1080	re	(A-4464)	1000.1730	re	(A-4464)
1000.1090	re	(A-4464)	1000.1740	re	(A-4464)
1000.1110	re	(A-4464)	1000.1750	re	(A-4464)
1000.1120	re	(A-4464)	1000.1760	re	(A-4464)
1000.1130	re	(A-4464)	1000.1770	re	(A-4464)
1000.1140	re	(A-4464)	1000.1780	re	(A-4464)
1000.1150	re	(A-4464)	1000.1790	re	(A-4464)
1000.1160	re	(A-4464)	1000.1800	re	(A-4464)
1000.1170	re	(A-4464)	1000.1810	re	(A-4464)
1000.1180	re	(A-4464)	1000.1905	re	(A-4464)
1000.1190	re	(A-4464)	1000.1910	re	(A-4464)
1000.1200	re	(A-4464)	1000.1915	re	(A-4464)
1000.1210	re	(A-4464)	1000.1920	re	(A-4464)
1000.1220	re	(A-4464)	1000.1925	re	(A-4464)
1000.1310	re	(A-4464)	1000.1930	re	(A-4464)
1000.1320	re	(A-4464)	1000.1935	re	(A-4464)
1000.1330	re	(A-4464)	1000.1940	re	(A-4464)
1000.1340	re	(A-4464)	1000.1945	re	(A-4464)
1000.1410	re	(A-4464)	1000.1950	re	(A-4464)
1000.1420	re	(A-4464)	1000.1955	re	(A-4464)
1000.1430	re	(A-4464)	1000.1970	re	(A-4464)
1000.1440	re	(A-4464)	1000.1972	re	(A-4464)
1000.1450	re	(A-4464)	1000.1975	re	(A-4464)
1000.1460	re	(A-4464)	1000.1980	re	(A-4464)
1000.1470	re	(A-4464)	1000.1982	re	(A-4464)
1000.1480	re	(A-4464)	1000.1985	re	(A-4464)
1000.1510	re	(A-4464)	1000.1990	re	(A-4464)
1000.1520	re	(A-4464)	1000.1993	re	(A-4464)
1000.1530	re	(A-4464)	1000.1997	re	(A-4464)
1000.1540	re	(A-4464)	1000.2005	re	(A-4464)
1000.1550	re	(A-4464)	1000.2010	re	(A-4464)
1000.1560	re	(A-4464)	1000.2020	re	(A-4464)
1000.1570	re	(A-4464)	1000.2030	re	(A-4464)
1000.1580	re	(A-4464)	1000.2040	re	(A-4464)
1000.1590	re	(A-4464)	1000.2050	re	(A-4464)
1000.1600	re	(A-4464)	1000.2055	re	(A-4464)

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1000.2060	re	(A-4464)	1050.330	re	(A-4475)
1000.2070	re	(A-4464)	1050.340	re	(A-4475)
1000.2105	re	(A-4464)	1050.350	re	(A-4475)
1000.2110	re	(A-4464)	1050.410	re	(A-4475)
1000.2120	re	(A-4464)	1050.420	re	(A-4475)
1000.2200	re	(A-4464)	1050.425	re	(A-4475)
1000.2200	re	(A-4464)	1050.430	re	(A-4475)
1000.2300	re	(A-4464)	1050.440	re	(A-4475)
1000.2310	re	(A-4464)	1050.450	re	(A-4475)
1000.2320	re	(A-4464)	1050.460	re	(A-4475)
1000.2330	re	(A-4464)	1050.470	re	(A-4475)
1000.2340	re	(A-4464)	1050.475	re	(A-4475)
1000.2400	re	(A-4464)	1050.480	re	(A-4475)
1000.2410	re	(A-4464)	1050.490	re	(A-4475)
1000.2420	re	(A-4464)	1050.610	re	(A-4475)
1000.2500	re	(A-4464)	1050.620	re	(A-4475)
1000.2510	re	(A-4464)	1050.630	re	(A-4475)
1000.2520	re	(A-4464)	1050.640	re	(A-4475)
1000.2530	re	(A-4464)	1050.650	re	(A-4475)
1000.2540	re	(A-4464)	1050.660	re	(A-4475)
1000.2550	re	(A-4464)	1050.710	re	(A104475)
1000.2700	re	(A-4464)	1050.720	re	(A-4475)
1000.2710	re	(A-4464)	1050.730	re	(A-4475)
1050.110	re	(A-4475)	1050.740	re	(A-4475)
1050.115	re	(A-4475)	1050.750	re	(A-4475)
1050.120	re	(A-4475)	1050.810	re	(A-4475)
1050.125	re	(A-4475)	1050.820	re	(A-4475)
1050.130	re	(A-4475)	1050.830	re	(A-4475)
1050.135	re	(A-4475)	1050.840	re	(A-4475)
1050.140	re	(A-4475)	1050.850	re	(A-4475)
1050.145	re	(A-4475)	1050.860	re	(A-4475)
1050.150	re	(A-4475)	1050.910	re	(A-4475)
1050.160	re	(A-4475)	1050.920	re	(A-4475)
1050.165	re	(A-4475)	1050.930	re	(A-4475)
1050.170	re	(A-4475)	1050.940	re	(A-4475)
1050.175	re	(A-4475)	1050.950	re	(A-4475)
1050.185	re	(A-4475)	1050.1010	re	(A-4475)
1050.210	re	(A-4475)	1050.1020	re	(A-4475)
1050.220	re	(A-4475)	1050.1030	re	(A-4475)
1050.230	re	(A-4475)	1050.1110	re	(A-4475)
1050.240	re	(A-4475)	1050.1120	re	(A-4475)
1050.250	re	(A-4475)	1050.1130	re	(A-4475)
1050.255	re	(A-4475)	1050.1140	re	(A-4475)
1050.260	re	(A-4475)	1050.1150	re	(A-4475)
1050.270	re	(A-4475)	1050.1160	re	(A-4475)
1050.280	re	(A-4475)	1050.1170	re	(A-4475)
1050.290	re	(A-4475)	1050.1175	re	(A-4475)
1050.310	re	(A-4475)	1050.1210	re	(A-4475)
1050.320	re	(A-4475)	1050.1220	re	(A-4475)

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1050.1240 re	(A-4475)	1075.1800 n	(P-2727)	1075.2500 n	(P-2727)
1050.1250 re	(A-4475)	1075.1805 n	(P-2727)	1075.2510 n	(P-2727)
1050.1305 re	(A-4475)	1075.1810 n	(P-2727)	1075.2520 n	(P-2727)
1050.1310 re	(A-4475)	1075.1815 n	(P-2727)	1075.2530 n	(P-2727)
1050.1315 re	(A-4475)	1075.1820 n	(P-2727)	1075.2540 n	(P-2727)
1050.1320 re	(A-4475)	1075.1825 n	(P-2727)	1075.2550 n	(P-2727)
1050.1325 re	(A-4475)	1075.1830 n	(P-2727)	1075.2560 n	(P-2727)
1050.1330 re	(A-4475)	1075.1835 n	(P-2727)	1075.2570 n	(P-2727)
1050.1335 re	(A-4475)	1075.1840 n	(P-2727)	1075.2580 n	(P-2727)
1050.1340 re	(A-4475)	1075.1845 n	(P-2727)		
1050.1345 re	(A-4475)	1075.1850 n	(P-2727)		
1050.1350 re	(A-4475)	1075.1855 n	(P-2727)		
1050.1355 re	(A-4475)	1075.1860 n	(P-2727)		
1050.1360 re	(A-4475)	1075.1865 n	(P-2727)		
1050.1410 re	(A-4475)	1075.1870 n	(P-2727)		
1050.1420 re	(A-4475)	1075.1875 n	(P-2727)		
1050.1510 re	(A-4475)	1075.1880 n	(P-2727)		
1050.1520 re	(A-4475)	1075.1885 n	(P-2727)		
1050.1530 re	(A-4475)	1075.1890 n	(P-2727)		
1050.1540 re	(A-4475)	1075.1895 n	(P-2727)		
1050.1550 re	(A-4475)	1075.1900 n	(P-2727)		
1050.1560 re	(A-4475)	1075.1905 n	(P-2727)		
1050.1570 re	(A-4475)	1075.1910 n	(P-2727)		
1050.1580 re	(A-4475)	1075.1915 n	(P-2727)		
1050.1590 re	(A-4475)	1075.1920 n	(P-2727)		
1050.1595 re	(A-4475)	1075.1925 n	(P-2727)		
1050.1600 re	(A-4475)	1075.1930 n	(P-2727)		
1050.1610 re	(A-4475)	1075.1935 n	(P-2727)		
1050.1620 re	(A-4475)	1075.1940 n	(P-2727)		
1050.1630 re	(A-4475)	1075.1945 n	(P-2727)		
1050.1640 re	(A-4475)	1075.1950 n	(P-2727)		
1050.1650 re	(A-4475)	1075.1955 n	(P-2727)		
1050.1660 re	(A-4475)	1075.1960 n	(P-2727)		
1050.1670 re	(A-4475)	1075.1965 n	(P-2727)		
1050.1680 re	(A-4475)	1075.1970 n	(P-2727)		
1050.1690 re	(A-4475)	1075.1975 n	(P-2727)		
1050.1700 re	(A-4475)	1075.1980 n	(P-2727)		
1050.1720 re	(A-4475)	1075.1985 n	(P-2727)		
1050.1730 re	(A-4475)	1075.1990 n	(P-2727)		
1050.1740 re	(A-4475)	1075.1995 n	(P-2727)		
1050.1750 re	(A-4475)	1075.2000 n	(P-2727)		
1050.1760 re	(A-4475)	1075.2005 n	(P-2727)		
1050.1770 re	(A-4475)	1075.2010 n	(P-2727)		
1050.1790 re	(A-4475)	1075.2015 n	(P-2727)		
1075.100 n	(P-2727)	1075.2020 n	(P-2727)		
1075.1425 am	(P-2727)	1075.2025 n	(P-2727)		
1075.1700 n	(P-2727)	1075.2030 n	(P-2727)		
		1075.2035 n	(P-2727)		
TITLE 41			TITLE 41		
		100.7 am			
		170.530 am			
		280.10 n			
		280.20 n			
		280.30 n			
		280.40 n			
		280.50 n			
		280.60 n			
		280.65 n			
		280.70 n			
		280.75 n			
		280.80 n			
TITLE 44			TITLE 44		
		1.100 am			
		1.350 am			
		1.515 n			
		1.530 am			
		1.610 am			
		1.620 am			
		1.630 am			
		1.2215 am			
		610.100 n			
		610.110 n			
		610.120 n			
		610.200 n			
		610.210 n			
		610.220 n			
		610.230 n			
		610.240 n			
		610.250 n			
		610.260 n			
		610.270 n			
		610.280 n			
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610.330 n	(P-1697; A-8176)	130.110 r	(P-1; A-7212)		
610.340 n	(P-1697; A-8176)	370.101 n	(P-11713/92; A-319)		
610.350 n	(P-1697; A-8176)	370.102 n	(P-11713/92; A-319)		
5000.230 am	(P-2105) (E-2361)	370.103 n	(P-11713/92; A-319)		
5000.900 n	(P-11378/92; A-1006)	370.104 n	(P-11713/92; A-319)		
5000.910 n	(P-11378/92; A-1006)	370.105 n	(P-11713/92; A-319)		
5000.920 n	(P-11378/92; A-1006)	370.106 n	(P-11713/92; A-319)		
5000.930 n	(P-11378/92; A-1006)	370.107 n	(P-11713/92; A-319)		
5000.940 n	(P-11378/92; A-1006)	370.108 n	(P-11713/92; A-319)		
5000.950 n	(P-11378/92; A-1006)	370.109 n	(P-11713/92; A-319)		
5000.960 n	(P-11378/92; A-1006)	370.110 n	(P-11713/92; A-319)		
5000.970 n	(P-11378/92; A-1006)	370.111 n	(P-11713/92; A-319)		
5000.Ap.B n	(P-11378/92; A-1006)	370.112 n	(P-11713/92; A-319)		
		370.113 n	(P-11713/92; A-319)		
		370.201 n	(P-11713/92; A-319)		
		370.202 n	(P-11713/92; A-319)		
		370.203 n	(P-11713/92; A-319)		
		370.204 n	(P-11713/92; A-319)		
		370.205 n	(P-11713/92; A-319)		
		370.206 n	(P-11713/92; A-319)		
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		370.208 n	(P-11713/92; A-319)		
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790.3914	am	(P-17496/92; W-7075)	790.4680 r
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790.3920	r	(P-7198) (E-7283)	790.4720 am
790.3945	am	(P-17496/92; W-7075)	790.4725 r
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790.4040	r	(P-7198) (E-7283)	790.4960 r
790.4060	r	(P-7198) (E-7283)	790.4963 r
790.4100	am	(P-17496/92; W-7075)	790.4980 r
	r	(P-7198) (E-7283)	790.5020 r
790.4140	r	(P-7198) (E-7283)	790.5030 r
790.4150	r	(P-7198) (E-7283)	790.5060 r
790.4173	r	(P-7198) (E-7283)	790.5100 r
790.4180	r	(P-7198) (E-7283)	790.5140 r
790.4200	r	(P-7198) (E-7283)	790.5180 r
790.4220	am	(P-17496/92; W-7075)	790.5220 am
	r	(P-7198) (E-7283)	790.5260 r
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790.4340	r	(P-7198) (E-7283)	790.5320 am
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	r	(P-7198) (E-7283)	790.5380 r
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790.4384	#	(P-17496/92; W-7075)	790.5460 r
	n	(P-17496/92; W-7075)	790.5483 r
	r	(P-7198) (E-7283)	790.5500 am
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790.4386	r	(P-7198) (E-7283)	790.5530 r
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790.4398	r	(P-7198) (E-7283)	790.5544 r
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790.5620	r	(P-7198) (E-7283)	790.6375	r	(P-7198) (E-7283)
790.5640	r	(P-7198) (E-7283)	790.6380	r	(P-7198) (E-7283)
790.5660	r	(P-7198) (E-7283)	790.6420	r	(P-7198) (E-7283)
790.5700	r	(P-7198) (E-7283)	790.6430	am	(P-17496/92; W-7075)
790.5720	r	(P-7198) (E-7283)		r	(P-7198) (E-7283)
790.5740	r	(P-7198) (E-7283)	790.6435	r	(P-7198) (E-7283)
790.5780	r	(P-7198) (E-7283)	790.6445	r	(P-7198) (E-7283)
790.5788	am	(P-17496/92; W-7075)	790.6450	r	(P-7198) (E-7283)
	r	(P-7198) (E-7283)	790.6452	r	(P-7198) (E-7283)
790.5792	r	(P-7198) (E-7283)	790.6454	r	(P-7198) (E-7283)
790.5795	r	(P-7198) (E-7283)	790.6456	r	(P-7198) (E-7283)
790.5800	r	(P-7198) (E-7283)	790.6460	r	(P-7198) (E-7283)
790.5820	r	(P-7198) (E-7283)	790.6480	r	(P-7198) (E-7283)
790.5807	r	(P-7198) (E-7283)	790.6500	r	(P-7198) (E-7283)
790.5820	r	(P-7198) (E-7283)	790.6505	am	(P-17496/92; W-7075)
790.5830	r	(P-7198) (E-7283)		r	(P-7198) (E-7283)
790.5835	r	(P-7198) (E-7283)	790.6540	r	(P-7198) (E-7283)
790.5837	r	(P-7198) (E-7283)	790.6544	r	(P-7198) (E-7283)
790.5840	r	(P-7198) (E-7283)	790.6570	r	(P-7198) (E-7283)
790.5860	r	(P-7198) (E-7283)	790.6580	am	(P-17496/92; W-7075)
790.5872	am	(P-17496/92; W-7075)		r	(P-7198) (E-7283)
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790.5893	r	(P-7198) (E-7283)		r	(P-7198) (E-7283)
790.5900	r	(P-7198) (E-7283)	790.6620	r	(P-7198) (E-7283)
790.5924	r	(P-7198) (E-7283)	790.6621	r	(P-7198) (E-7283)
790.5940	am	(P-17496/92; W-7075)	790.6660	r	(P-7198) (E-7283)
	r	(P-7198) (E-7283)	790.6670	r	(P-7198) (E-7283)
790.5980	r	(P-7198) (E-7283)	790.6700	r	(P-7198) (E-7283)
790.5992	r	(P-7198) (E-7283)	790.6740	am	(P-17496/92; W-7075)
790.5996	r	(P-7198) (E-7283)	790.6740	r	(P-7198) (E-7283)
790.6020	r	(P-7198) (E-7283)	790.6780	r	(P-7198) (E-7283)
790.6060	r	(P-7198) (E-7283)	790.6800	r	(P-7198) (E-7283)
790.6100	r	(P-7198) (E-7283)	790.6820	r	(P-7198) (E-7283)
790.6140	r	(P-7198) (E-7283)	790.6860	r	(P-7198) (E-7283)
790.6180	am	(P-17496/92; W-7075)	790.6875	r	(P-7198) (E-7283)
	r	(P-7198) (E-7283)	790.6885	r	(P-7198) (E-7283)
790.6220	r	(P-7198) (E-7283)	790.6895	r	(P-7198) (E-7283)
790.6260	r	(P-7198) (E-7283)	790.6900	r	(P-7198) (E-7283)
790.6275	r	(P-7198) (E-7283)	790.6940	r	(P-7198) (E-7283)
790.6277	r	(P-7198) (E-7283)	790.6946	r	(P-7198) (E-7283)
790.6280	am	(P-17496/92; W-7075)	790.6960	r	(P-7198) (E-7283)
	r	(P-7198) (E-7283)	790.6980	r	(P-7198) (E-7283)
790.6284	r	(P-7198) (E-7283)	790.7020	r	(P-7198) (E-7283)
790.6300	r	(P-7198) (E-7283)	790.7060	r	(P-7198) (E-7283)
790.6340	r	(P-7198) (E-7283)	790.7100	r	(P-7198) (E-7283)
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790.7180	r	(P-7198) (E-7283)	790.8020	r	(P-7198) (E-7283)
790.7181	r	(P-7198) (E-7283)	790.8030	am	(P-7198) (E-7283)
790.7220	r	(P-7198) (E-7283)	790.8060	r	(P-7198) (E-7283)
790.7221	am	(P-7198) (E-7283)	790.8100	r	(P-7198) (E-7283)
		(P-7198) (E-7283)	790.8106	r	(P-7198) (E-7283)
		(P-7198) (E-7283)	790.8136	r	(P-7198) (E-7283)
790.7223	r	(P-7198) (E-7283)	790.8140	r	(P-7198) (E-7283)
790.7229	r	(P-7198) (E-7283)	790.8180	r	(P-7198) (E-7283)
790.7245	am	(P-7198) (E-7283)	790.8220	r	(P-7198) (E-7283)
		(P-7198) (E-7283)	790.8232	r	(P-7198) (E-7283)
790.7260	r	(P-7198) (E-7283)	790.8244	r	(P-7198) (E-7283)
790.7263	am	(P-7198) (E-7283)	790.8248	am	(P-7198) (E-7283)
790.7265	am	(P-7198) (E-7283)			(P-7198) (E-7283)
		(P-7198) (E-7283)	790.8260	r	(P-7198) (E-7283)
790.7272	r	(P-7198) (E-7283)	790.8290	r	(P-7198) (E-7283)
790.7278	am	(P-7198) (E-7283)	790.8300	r	(P-7198) (E-7283)
		(P-7198) (E-7283)	790.8340	r	(P-7198) (E-7283)
790.7280	am	(P-7198) (E-7283)	790.8378	r	(P-7198) (E-7283)
		(P-7198) (E-7283)	790.8380	r	(P-7198) (E-7283)
790.7284	r	(P-7198) (E-7283)	790.8420	r	(P-7198) (E-7283)
790.7288	r	(P-7198) (E-7283)	790.8460	r	(P-7198) (E-7283)
790.7291	r	(P-7198) (E-7283)	790.8500	r	(P-7198) (E-7283)
790.7296	r	(P-7198) (E-7283)	790.8540	r	(P-7198) (E-7283)
790.7300	r	(P-7198) (E-7283)	790.8580	am	(P-7198) (E-7283)
790.7340	r	(P-7198) (E-7283)			(P-7198) (E-7283)
790.7380	r	(P-7198) (E-7283)	790.8590	r	(P-7198) (E-7283)
790.7400	r	(P-7198) (E-7283)	790.8620	r	(P-7198) (E-7283)
790.7420	r	(P-7198) (E-7283)	790.8660	r	(P-7198) (E-7283)
790.7460	r	(P-7198) (E-7283)	790.8700	r	(P-7198) (E-7283)
790.7500	r	(P-7198) (E-7283)	790.8710	am	(P-7198) (E-7283)
790.7510	r	(P-7198) (E-7283)			(P-7198) (E-7283)
790.7520	n	(P-7198) (E-7283)	790.8724	r	(P-7198) (E-7283)
790.7540	r	(P-7198) (E-7283)	790.8727	r	(P-7198) (E-7283)
790.7580	r	(P-7198) (E-7283)	790.8740	r	(P-7198) (E-7283)
790.7620	r	(P-7198) (E-7283)	790.8780	r	(P-7198) (E-7283)
790.7660	r	(P-7198) (E-7283)	790.8820	r	(P-7198) (E-7283)
790.7700	r	(P-7198) (E-7283)	790.8835	n	(P-7198) (E-7283)
790.7740	r	(P-7198) (E-7283)	790.8860	r	(P-7198) (E-7283)
790.7780	r	(P-7198) (E-7283)	790.8900	r	(P-7198) (E-7283)
790.7820	r	(P-7198) (E-7283)	790.8940	r	(P-7198) (E-7283)
790.7828	r	(P-7198) (E-7283)	790.8980	r	(P-7198) (E-7283)
790.7834	r	(P-7198) (E-7283)	790.9020	r	(P-7198) (E-7283)
790.7860	r	(P-7198) (E-7283)	790.9035	r	(P-7198) (E-7283)
790.7875	n	(P-7198) (E-7283)	790.9045	am	(P-7198) (E-7283)
790.7900	r	(P-7198) (E-7283)	790.9048	r	(P-7198) (E-7283)
790.7940	r	(P-7198) (E-7283)			(P-7198) (E-7283)

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790.9050	am	(P-7198) (E-7283)	845.25	n	(P-12314/92; A-1884)
		(P-7198) (E-7283)	845.26	n	(P-12314/92; A-1884)
790.9056	r	(P-7198) (E-7283)	845.28	n	(P-12314/92; A-1884)
790.9060	r	(P-7198) (E-7283)	845.29	n	(P-12314/92; A-1884)
790.9070	am	(P-7198) (E-7283)	845.30	am	(P-12314/92; O-1243)
		(P-7198) (E-7283)			M-2073; A-1884)
		(P-7198) (E-7283)	845.40	am	(P-12314/92; A-1884)
790.9084	r	(P-7198) (E-7283)	845.50	am	(P-12314/92; A-1884)
790.9100	r	(P-7198) (E-7283)	845.60	r	(P-12314/92; A-1884)
790.9140	r	(P-7198) (E-7283)	845.Ap.A	n	(P-12314/92; A-1884)
790.9180	r	(P-7198) (E-7283)	845.Ex.A	n	(P-12314/92; A-1884)
790.9220	r	(P-7198) (E-7283)	845.Ex.B	n	(P-12314/92; A-1884)
790.9260	r	(P-7198) (E-7283)	845.Ex.C	n	(P-12314/92; A-1884)
790.9300	r	(P-7198) (E-7283)	845.Ap.B	n	(P-12314/92; A-1884)
790.9320	r	(P-7198) (E-7283)	845.Ap.C	n	(P-12314/92; A-1884)
790.9340	r	(P-7198) (E-7283)	845.II.A	n	(P-12314/92; A-1884)
790.9380	r	(P-7198) (E-7283)	845.Ap.D	n	(P-12314/92; A-1884)
790.9420	r	(P-7198) (E-7283)	845.II.A	n	(P-12314/92; A-1884)
790.9460	r	(P-7198) (E-7283)	845.Ap.E	n	(P-12314/92; A-1884)
790.9475	r	(P-7198) (E-7283)	900.10	am	(P-10870/92; A-4388)
790.9478	r	(P-7198) (E-7283)	900.30	am	(P-10870/92; A-4388)
790.9486	r	(P-7198) (E-7283)	900.40	am	(P-10870/92; A-4388)
790.9500	am	(P-7198) (E-7283)	900.50	am	(P-10870/92; A-4388)
		(P-7198) (E-7283)	900.60	am	(P-10870/92; A-4388)
790.9520	am	(P-7198) (E-7283)	900.65	am	(P-10870/92; A-4388)
		(P-7198) (E-7283)	900.70	am	(P-10870/92; A-4388)
790.9530	r	(P-7198) (E-7283)	900.Tb.E	n	(P-10870/92; A-4388)
790.9540	r	(P-7198) (E-7283)	900.Tb.F	n	(P-10870/92; A-4388)
790.9580	r	(P-7198) (E-7283)	900.Tb.G	n	(P-10870/92; A-4388)
790.9620	r	(P-7198) (E-7283)	900.Tb.H	n	(P-10870/92; A-4388)
790.9660	r	(P-7198) (E-7283)	900.Tb.I	n	(P-10870/92; A-4388)
		(P-7198) (E-7283)	Ex.A	n	(P-10870/92; A-4388)
840.20	am	(P-4329/92; A-2319)	Ex.B	n	(P-10870/92; A-4388)
840.115	am	(P-4329/92; A-2319)	Ex.C	n	(P-10870/92; A-4388)
840.210	am	(P-4329/92; A-2319)	Ex.D	n	(P-10870/92; A-4388)
840.215	am	(P-4329/92; A-2319)	915.10	am	(P-10870/92; A-4425)
840.305	am	(P-4329/92; A-2319)	915.20	am	(P-10870/92; A-4425)
840.310	am	(P-4329/92; A-2319)	915.40	n	(P-10870/92; A-4425)
840.Ap.B		(P-4329/92; A-2319)	915.50	n	(P-10870/92; A-4425)
Ex.A	am	(P-4329/92; A-2319)	1100.740	n	(P-10870/92; A-4425)
II.A	r	(P-4329/92; A-2319)	1110.60	n	(P-15328/92; A-4453)
Ex.B	n	(P-4329/92; A-2319)	1110.235	n	(P-15328/92; A-4453)
II.B	r	(P-4329/92; A-2319)	1110.2510	n	(P-8149)
840.Ap.C		(P-4329/92; A-2319)	1110.2520	n	(P-8149)
Ex.B	am	(P-4329/92; A-2319)	1110.2530	n	(P-8149)
845.10	am	(P-12314/92; A-1884)	1110.2540	n	(P-8149)
845.15	n	(P-12314/92; A-1884)	1110.2550	n	(P-8149)
845.20	am	(P-12314/92; A-1884)	1120.10	n	(P-5205/92; A-4431)
845.23	n	(P-12314/92; A-1884)			

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1120.20	n	(P-5205/92; RC-1244; A-4453)	1235.40	n	(E-432; O-3056) (P-683)
1120.110	n	(P-5205/92; A-4431)	1235.50	n	(E-432; O-3056) (P-683)
1120.120	n	(P-5205/92; RC-1244; A-4431)	1235.100	n	(E-432; O-3056) (P-683)
			1235.200	n	(E-432; O-3056) (P-683)
			1235.210	n	(E-432; O-3056) (P-683)
			1235.220	n	(E-432; O-3056) (P-683)
1120.130	n	(P-5205/92; A-4431)	1235.230	n	(E-432; O-3056) (P-683)
1120.210	n	(P-5205/92; A-4431)	1235.240	n	(E-432; O-3056) (P-683)
1120.310	n	(P-5205/92; RC-1244; A-4431)	1235.300	n	(E-432; O-3056) (P-683)
			1235.310	n	(E-432; O-3056) (P-683)
1120.Ap.A	n	(P-5205/92; RC-1244; A-4431)	1240.10	r	(P-5225/92; A-5880)
			1240.20	r	(P-5225/92; A-5880)
1130.140	am	(P-4755/92; A-5882)	1240.30	r	(P-5225/92; A-5880)
1130.220	am	(P-4755/92; A-5882)	1240.40	r	(P-5225/92; A-5880)
1130.410	am	(P-4755/92; A-5882)	1240.50	r	(P-5225/92; A-5880)
1130.510	am	(P-4755/92; A-5882)	1240.60	r	(P-5225/92; A-5880)
1130.620	am	(P-4755/92; A-5882)	1240.70	r	(P-5225/92; A-5880)
1130.630	am	(P-4755/92; A-5882)	1240.Ap.A	r	(P-5225/92; A-5880)
1130.640	am	(P-4755/92; A-5882)	2510.60	am	(P-1695) (E-2031)
1130.710	am	(P-4755/92; A-5882)	2510.70	am	(P-1695) (E-2031)
1130.720	am	(P-4755/92; A-5882)	2510.90	n	(P-1695) (E-2031)
1130.730	am	(P-4755/92; A-5882)			
1130.740	am	(P-4755/92; A-5882)			
1130.750	am	(P-4755/92; A-5882)			
1130.760	am	(P-4755/92; A-5882)			
1130.770	am	(P-4755/92; A-5882)			
1130.780	am	(P-4755/92; A-5882)			
1130.Ap.A	am	(P-4755/92; O-1242; R-5951; A-5882)			
1230.10	r	(P-5187/92; A-5878)			
1230.20	r	(P-5187/92; A-5878)			
1230.30	r	(P-5187/92; A-5878)			
1230.110	r	(P-5187/92; A-5878)			
1230.120	r	(P-5187/92; A-5878)			
1230.210	r	(P-5187/92; A-5878)			
1230.220	r	(P-5187/92; A-5878)			
1230.230	r	(P-5187/92; A-5878)			
1230.240	r	(P-5187/92; A-5878)			
1230.250	r	(P-5187/92; A-5878)			
1230.260	r	(P-5187/92; A-5878)			
1230.310	r	(P-5187/92; A-5878)			
1230.320	r	(P-5187/92; A-5878)			
1230.410	r	(P-5187/92; A-5878)			
1230.420	r	(P-5187/92; A-5878)			
1230.Tb.A	r	(P-5187/92; A-5878)			
1230.Tb.B	r	(P-5187/92; A-5878)			
1235.10	n	(E-432; O-3056) (P-683)			
1235.20	n	(E-432; O-3056) (P-683)			
1235.30	n	(E-432; O-3056) (P-683)			

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.Tb.F	am	(P-18139/92; A-6441)	1210.160	am	(P-3734)
.Tb.G	am	(P-7605)	1210.170	am	(P-3734)
.Tb.M	n	(P-13179/92; A-590)	1210.180	am	(P-3734)
.Tb.N	am	(PP-498)	1220.10	am	(P-3755)
.Tb.O	am	(P-18139/92; A-6441)	1220.30	am	(P-3755)
.Tb.P	am	(P-18139/92; A-6441)	1220.40	am	(P-3755)
		(P-7605)	1220.50	am	(P-3755)
.Tb.Q	am	(P-7605)	1220.60	am	(P-3755)
.Tb.U	am	(P-18139/92; A-6441)	1220.70	am	(P-3755)
310.Ap.B	am	(P-13679/92; A-238)	1220.80	n	(P-3755)
310.Ap.C	am	(P-191) (P-14001/92; A-1819)	1220.90	n	(P-3755)
			1220.100	n	(P-3755)
310.Ap.D	am	(P-14001/92; A-1819)	1230.10	am	(P-3718)
420.330	am	(P-15342/92; A-1652)	1230.80	am	(P-3718)
620.130	am	(P-11724/92; W-869)	1230.90	am	(P-3718)
		(P-12409/92; W-869)	1230.150	am	(P-3718)
		(P-91; W-869)	1230.160	am	(P-3718)
		(P-15347/92; A-4510)	1230.180	am	(P-3718)
630.315	n	(P-6635)	1230.190	am	(P-3718)
650.1	n	(P-6635)	1230.220	am	(P-3718)
650.2	n	(P-6635)	1650.210	am	(P-12384/92; A-1631)
650.3	n	(P-6635)	1650.230	am	(P-12384/92; A-1631)
650.4	n	(P-6635)	1650.240	am	(P-12384/92; A-1631)
650.5	n	(P-6635)	1650.290	am	(P-12384/92; A-1631)
650.6	n	(P-6635)	1650.330	am	(P-12384/92; A-1631)
650.7	n	(P-6635)	1650.340	am	(P-12384/92; A-1631)
650.8	n	(P-6635)	1650.370	am	(P-12384/92; A-1631)
650.9	n	(P-6635)	1650.410	am	(P-12384/92; A-1631)
650.10	n	(P-6635)	1650.450	am	(P-12384/92; A-1631)
650.11	n	(P-6635)	1650.460	am	(P-12384/92; A-1631)
650.12	n	(P-6635)	1650.510	am	(P-12384/92; A-1631)
650.13	n	(P-6635)	1650.520	am	(P-12384/92; A-1631)
1200.10	am	(P-3703)	1650.570	am	(P-12384/92; A-1631)
1200.20	am	(P-3703)	1650.620	am	(P-12384/92; A-1631)
1200.30	am	(P-3703)	1650.630	am	(P-12384/92; A-1631)
1200.40	am	(P-3703)	1650.640	am	(P-12384/92; A-1631)
1200.50	am	(P-3703)	1650.650	am	(P-12384/92; A-1631)
1200.60	am	(P-3703)	2160.120	am	(P-3577)
1200.80	am	(P-3703)	2160.130	am	(P-3577)
1200.90	am	(P-3703)	2160.210	am	(P-3577)
1200.110	am	(P-3703)	2160.220	am	(P-3577)
1200.120	am	(P-3703)	2160.250	am	(P-3577)
1200.130	am	(P-3703)	2160.310	am	(P-3577)
1200.140	am	(P-3703)	2160.320	am	(P-3577)
1200.150	am	(P-3703)	2160.325	am	(P-3577)
1210.10	am	(P-3734)	2160.330	am	(P-3577)
1210.100	am	(P-3734)	2160.410	am	(P-3577)
1210.140	am	(P-3734)	2160.510	am	(P-3577)

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2160.620	(P-3577)			
2650.1	(P-2449)			
2650.10	(P-2449)			
2650.15	(P-2449)			
2650.25	(P-2449)			
2650.30	(P-2449)			
2650.40	(P-2449)			
2650.50	(P-2449)			
2650.60	(P-2449)			
2650.70	(P-2449)			
TITLE 86				
100.3100				
100.3400				
100.3700				
100.7010				
100.9005				
105.100				
105.110				
105.120				
105.200				
105.210				
105.220				
105.230				
105.300				
105.310				
105.320				
105.330				
105.340				
105.400				
105.410				
105.420				
105.430				
105.440				
105.450				
105.460				
105.470				
105.500				
105.510				
105.520				
105.600				
105.700				
105.800				
105.810				
105.900				
105.910				
105.920				
105.1000				
105.1010				
110.115				
130.1001				
130.1801				
130.220				
150.7b.A				
210.101				
210.105				
210.110				
210.115				
TITLE 83				
255.20	(P-13703/92; A-798)			
275.20	(P-8269/92; A-98; RQ-2075; EC-3902)			
280.76	(P-6382)			
280.138	(P-12810/92; A-805)			
305.20	(P-2462)			
315.10	(P-202)			
315.20	(P-202)			
315.30	(P-202)			
315.40	(P-202)			
315.50	(P-202)			
315.60	(P-202)			
590.10	(P-2466)			
735.121	(P-6386)			
755.10	(P-16709/92; A-5594)			
755.105	(P-16709/92; A-5594)			
755.500	(P-16709/92; A-5594)			
755.505	(P-16709/92; A-5594)			
755.510	(P-16709/92; A-5594)			
755.515	(P-16709/92; A-5594)			
755.520	(P-16709/92; A-5594)			
755.525	(P-16709/92; A-5594)			
755.Ex.A	(P-16709/92; A-5594)			
755.Ex.B	(P-16709/92; A-5594)			
755.Ex.C	(P-16709/92; A-5594)			
755.Ex.D	(P-16709/92; A-5594)			
755.Ex.E	(P-16709/92; A-5594)			
755.Ex.F	(P-16709/92; A-5594)			
755.Ex.G	(P-16709/92; A-5594)			
755.Ex.H	(P-16709/92; A-5594)			
755.Ex.I	(P-16709/92; A-5594)			
755.Ex.J	(P-16709/92; A-5594)			
755.Ex.K	(P-16709/92; A-5594)			
755.Ex.L	(P-16709/92; A-5594)			
755.Ex.M	(P-16709/92; A-5594)			
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210.125	(E-665) (P-2718)			
210.126	(E-665) (P-2718)			
210.130	(P-2718)			
530.115	(P-3104)			
530.125	(P-3104)			
535.101	(P-15340/92; A-3042)			
535.105	(P-15340/92; A-3042)			
535.110	(P-15340/92; A-3042)			
535.115	(P-15340/92; A-3042)			
535.120	(P-15340/92; A-3042)			
535.125	(P-15340/92; A-3042)			
535.130	(P-15340/92; A-3042)			
535.135	(P-15340/92; A-3042)			
535.140	(P-15340/92; A-3042)			
535.145	(P-15340/92; A-3042)			
TITLE 89				
103.25	(P-14178/92; A-655)			
103.35	(P-14178/92; A-655)			
104.216	(P-540; A-7025) (E-659)			
110.30	(P-13207/92; A-640)			
111.101	(P-16491/92; A-3213)			
112.9	(P-13381/92; A-813)			
112.70	(P-3335/92; A-357)			
112.71	(P-3335/92; A-357)			
112.72	(P-3335/92; A-357)			
112.74	(P-3335/92; A-357)			
112.78	(P-3335/92; A-357)			
112.79	(P-3335/92; A-357)			
112.82	(P-3335/92; A-357)			
112.127	(P-19642/92; A-6792)			
112.144	(P-7745)			
112.145	(P-5436)			
112.151	(P-5436)			
112.153	(P-18216/92; A-4312)			
112.154	(P-14522/92; A-813)			
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113.425	(P-17047/92; A-4322)			
113.430	(P-17047/92; A-4322)			
113.450	(P-17457/92; A-6804)			
114.9	(P-13395/92; A-1091)			
114.120	(P-15810/92; A-3255)			
114.121	(P-15810/92; A-3255)			
114.124	(P-15810/92; A-3255)			
114.125	(P-15810/92; A-3255)			
114.126	(P-15810/92; A-3255)			
114.127	(P-15810/92; A-3255)			
114.128	(P-15810/92; A-3255)			
114.129	(P-15810/92; A-3255)			
114.130	(P-15810/92; A-3255)			
114.135	(P-15810/92; A-3255)			
114.223	(P-19654/92; A-6814)			
114.252	(P-18226/92; A-6814)			
114.270	(P-15008/92; A-2277)			
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116.500	(P-13764/92; A-1078)			
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378.2	r	(P-7561/92; A-272)	897.50	n	(E-6886)
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67.110	n	(P-1767)	522.120	am	(P-981; A-7258)
67.120	n	(P-1767)	522.130	r	(P-981; A-7258)
67.130	n	(P-1767)	522.150	am	(P-981; A-7258)
67.140	n	(P-1767)	522.200	am	(P-981; A-7258)
67. Ex.A	n	(P-1767)	522.210	am	(P-981; A-7258)
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451.90	am	(P-3110)	704.140	n	(P-17244/92; A-4494)
451.100	am	(P-3110)	704.150	n	(P-17244/92; A-4494)
451.110	am	(P-3110)	704. Ap.A	n	(P-17244/92; A-4494)
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